

CHEMIST & DRUGGIST

the newsweekly for pharmacy

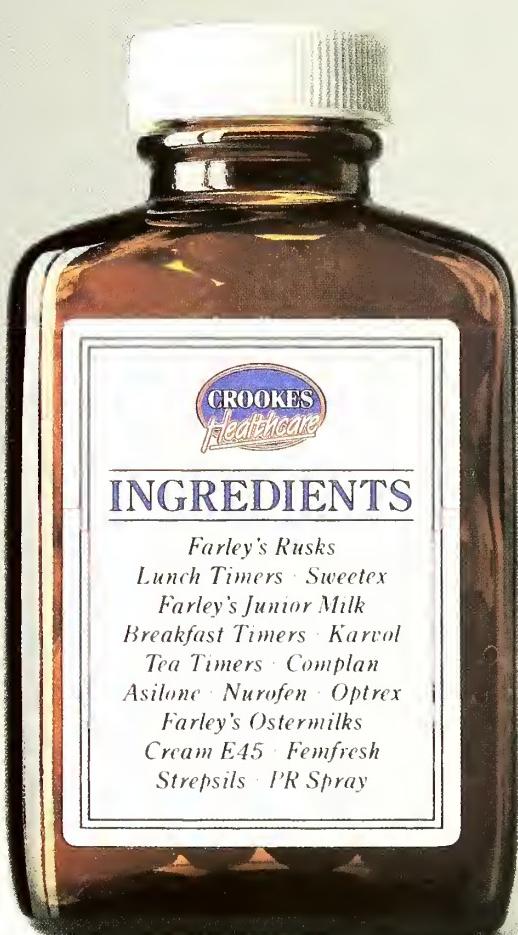
August 4, 1990

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EC finalises advertising Directive

Report slams prison pharmacy

NPA calls for 'seek advice' warning on ads

Pharmacy update: catch up on PMRs

Nicholas sell Sherley's pet care range to Ciba

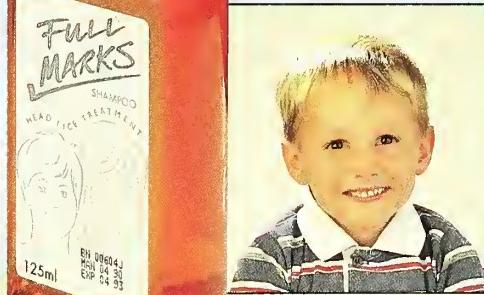
Glaxo invest \$20m in genetic anti-cancer R&D

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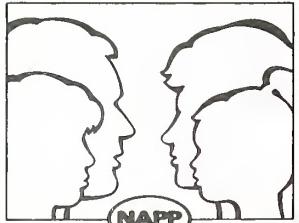
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CHEMIST & DRUGGIST

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Published Saturdays by Benn
Retail Publications Ltd,
Sovereign Way, Tonbridge, Kent
TN9 1RW
Telephone: 0732 364422 **Benn**
Telex: 95132 Benton G
Facsimile: 0732 361534

Regional Advertisement Offices:
Manchester (Midland & North):
Brian Carter (061-881 0112)
Bristol (West Country & South
Wales):
Henry Harris (0272 564827)

Subscriptions: Home £83 per annum.
Overseas & Eire £115 per annum including
postage. £1.70 per copy (postage extra).

ABC Member of the Audit
Bureau of Circulations

AUGUST 4, 1990

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131st YEAR OF PUBLICATION

ISSN 0009-3033

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COMMENT

At last the Royal Pharmaceutical Society is making a move to appoint a new public relations manager, if the advertisement at the back of last week's *Journal* is to be believed. It is not before time, since it is nearly a year since the unfortunate departure of the last incumbent. Why has it taken so long? With the Society's 150th anniversary fast approaching it would have seemed sensible to fill the post as rapidly as possible. The success of many of the events planned will hinge around the amount of publicity they can attract for the profession. Some central coordination and assistance for those struggling at a local level to fulfil the requirements laid down by Lambeth would have been welcome.

No doubt the matter has been discussed at length by Council, along with the "cost benefit ratio" of employing a PR expert, although precious little emerged to be reported in the Press of the debate. There were rumours at one stage that a PR agency was to be employed. The PSNC has used a number of such outfits to represent its interests in recent years. It is not a cheap option — PSNC's accounts for 1988-89 show it cost contractors nearly £94,000 — but it is arguably effective. At a time when PR

expertise is required at short notice it would have been a reasonable option, and many agencies would have revelled at getting their hands on such an account. The new appointee is unlikely to get his or her feet under the table before the fun starts in 1991, and will begin at a disadvantage.

All this begs the question of whether the Royal Pharmaceutical Society really wishes to adopt a high public profile. Does it want a public relations officer who will be allowed a sufficiently free rein to do the job properly? From the average pharmacist's point of view the answer should be yes. He or she pays a substantial statutory subscription, and looks to the Society to represent and promote his or her interests. The British Medical Association has nurtured its public image via its press office for years, and the recent campaign against the Government reforms of the NHS has illustrated what a powerful tool public relations can be when properly handled.

The Society has had enough time to work out what it wants from its new public relations manager. It is to be hoped decisions will not be swayed too much by bad memories from the past.

PAGB still opposes advertising Directive

The European Commission has placed its final proposal for a Directive on the advertising of pharmaceuticals. The Proprietary Association of Great Britain believes the Directive is unnecessary and is planning to alert consumer organisations to the adequate controls which already exist in the UK.

The content of the final proposal remains much the same as the third revision released earlier this year (C&D, March 24, p429). One proposal was that all advertising of medicines to the general public should include information on the correct use of the product and special precautions or, failing this, "an express invitation to read the package leaflet carefully".

PAGB objected to this proposal as it could make advertising too confusing, remove valuable information from pack

labels and relegate it to package leaflets.

The Directive is due for its first reading in the European Parliament this December, prior to adoption by the Council of Ministers next March and implementation by January 1992, although PAGB believes this timetable to be optimistic.

The PAGB is to tell the Medicines Control Agency that the Directive is not necessary because the Medicines Act already controls the claims that can be made for licensed medicines. The Misleading Advertising Directive provides further protection and supports the Advertising Standards Authority which is a safeguard in Press and cinema advertising. The Broadcasting Act and Directive control the broadcast media, while codes such as the Code of Advertising Practice, the

Independent Broadcasting Authority code and the PAGB's own prepublication vetting of its members' advertising all give additional protection.

PAGB adds that between 1975 and last month, only 43 of the 90,012 advertising complaints received by the ASA related to PAGB members and only eight of these complaints were upheld, which shows that the existing system is effective.

Gopa Mitra, public relations manager, told C&D there was a need to increase public awareness of all these safeguards so that MEPs did not get involved in "emotive discussions" in the European Parliament without knowing the true facts. PAGB will be contacting the advertising Press, the Consumers' Association and National Consumer Council to get this message across.

David Allen responds on homes issue

Far from "burying their heads in the sand", pharmacists on the Royal Pharmaceutical Society's Council are very alive to Boots' activities in relation to residential homes, says David Allen, chairman of the Society's Ethics Committee.

In response to last week's report of a speech by John Donoghue, Mr Allen told C&D many private pharmacies were engaged in providing services to residential homes before the Boots initiative. He points out that all these initiatives were welcomed by Council for bringing clinical pharmacy to the community.

"The developments in training and payment for services in residential homes were negotiated to encourage and as a measure of reward to those pharmacists who wish to extend their activities into the burgeoning area of residential accommodation for the elderly," says Mr Allen.

"After the activities of Boots were notified to the Committee, amendments were made to some of the literature being distributed. However, in November 1989, the Council objected to direct approaches to directors of social services and Boots unconditionally agreed not to make any further approaches in relation to pharmacy services in residential homes."

Mr Allen says the Council has already expressed grave concern over the implications of the advertisements in *The Times* and is still considering what formal action is needed in this area.

The Council is not partisan, Mr Allen says. "We want all pharmacists in the community to make a positive commitment to providing the best possible pharmaceutical services. Our principal concern is that the service should be provided on a local basis to ensure immediate advice and support."

"Those who work in the independent sector are just as well placed as those who work for the larger chains and the overall principle must be that the profession must compete to provide the best possible service to ensure continuing contacts," he added.

Mr Allen says he is sure that allowing competition between practising pharmacists within acceptable ethical standards will result in continuing improvement of the breadth and quality of pharmaceutical services.

Labelling changes well received

The Royal Pharmaceutical Society's working party's proposals into the labelling of dispensed medicines have been well received by the manufacturers of a number of computer labelling systems.

The report contains recommended new wording for

cautionary and advisory labels, and directions, together with guidelines for label design.

Mike Sprince of Park Systems believes the report contains some excellent proposals. "It is nice to see we are making steps in the right direction," he says.

Mr Sprince is encouraged by the Society's recognition of the realities of professional life when compiling the recommendations, rather than resorting purely to scientific terms.

The new proposals have already been introduced by Park Systems and S Calvert Computer Systems.

Simon Calvert believes the proposals are good but could have

gone further to shorten some warnings. The use of active instead of passive verbs, ie "take" instead of "to be taken", has been a feature of their system since 1986, he says. However, Mr Calvert stresses the label can only be regarded as a reminder of the pharmacist's or doctor's advice. He agrees with the Society's view that there is no substitute for counselling.

This view is also endorsed by Robert Hutt of Hadley Hutt Computing. He believes the new recommendations are more in keeping with today's language. Hadley Hutt will introduce the new proposals to the extent required by their customers.

Potters get licences

Potters Herbal Supplies have announced that over 50 of their natural medicine products have been granted full licences as the result of the Government's licensing review programme.

"By the end of the year the number of licences we will obtain should have trebled," says production director Tony Hampson, who is also co-joint chairman of the Natural Medicines

Group. He believes this could be a turning point for the company. "We have satisfied Government experts — and hopefully silenced some of our critics," he says.

Natural Medicine manufacturers have recently been involved in a High Court action over sharp increases in licence fees imposed by the Medicines Control Agency. A review of the situation has been promised.

Jeff Wood is joining the staff at the Pharmaceutical Services Negotiating Committee as financial executive on a temporary basis with effect from August 1.

This appointment is to cover the absence of Mike Brining, PSNC's financial executive since 1973, due to an operation. Mr Wood's initial contract is for the five month period ending December 31, 1990.

Aged 54, Mr Wood is a chartered accountant and was formerly president of the prescription medicines division of Sterling Winthrop.

Health guidelines under fire

New guidelines on a health diet, produced by the Department of Health and the Ministry of Agriculture, are an "appalling compromise" between the advice of the medical profession and the interests of the food industry, says a leading specialist in coronary heart disease.

Professor Peter Sever of St Mary's Hospital, Paddington, said: "If that's the kind of wishy-washy health education the Department is giving out, then the UK will remain at the top of the heart disease league table."

The information, produced in a booklet for health professionals and other groups, carries eight messages for healthy eating: enjoy your food, eat a variety of different foods, eat to be a healthy weight, eat plenty of foods rich in starch and fibre, don't eat too much fat, don't eat sugary foods too often, look after the vitamins and minerals in your food, and if you drink, keep within sensible limits.

Professor Sever was speaking at the launch of a new survey, sponsored by Pfizer, into the public perceptions of the risk factors of heart disease.

Of the 1,957 members of the public asked to name anything they thought to be associated with causing heart disease, fatty foods were mentioned by 36 per cent, being unfit by 34 per cent, while high cholesterol was some way down the list at 14 per cent.

Professor Sever said the survey among 200 GPs showed



that they recognised that coronary heart disease is caused by a combination of factors, but the role of cholesterol was still little understood.

He was critical of results which showed that only half of the GPs questioned checked their hypertensive patients' lipid levels. ■ Vitamin Forum, representing the nutritional supplements industry, has criticised a statement concerning supplementation in the booklet.

The booklet states: "Supplementing your diet with vitamin and mineral pills is rarely necessary". However, Vitamin Forum's Maurice Hanssen said: "Surveys of the population have consistently shown that many people are simply not getting the nutrients they need."

NPA calls for 'Ask your pharmacist' warning on ads

The National Pharmaceutical Association is calling for all consumer advertising of medicines to carry a warning to seek advice about side-effects from a pharmacist or doctor.

In addition to this, the Board suggested that selected information, such as indications and special precautions, should also appear.

However, they felt that it would not be appropriate to include all "Data Sheet-type" information. The EC advertising Directive for medicinal products suggested this, but the Board felt that consumers could not absorb such detailed information.

The Board agreed with many points in the Directive, but would be seeking clarification on an article which could prevent pharmacists negotiating discounts as a normal part of their business.

Contract applications The Board approved the action taken by Chemist Defence Association officers in two successful High Court cases involving contract applications by NPA members.

Both cases involved minor relocations by Lloyds Chemists Ltd, and the pharmacy practice subcommittee decisions had been dismissed by the appeal panel chairman without a hearing. The CDA officers had acted on a confidential opinion from leading counsel that the appeals included matters of substance and should have been referred to a full appeal panel hearing.

Community pharmacy specialisation In

considering the first draft of the proposed contents and structure of the EC course, the Board felt that it was unnecessary to include subjects such as good small scale manufacturing practice and quality assurance, and pharmacology, which were adequately covered in undergraduate courses.

The Board suggested that other subjects which were not always covered at undergraduate level should be added. These included ostomy appliances, incontinence, aids for the disabled, vitamins and food supplements, animal medicine, and information technology.

Cholesterol testing The CDA's reinsurers are to be asked about extending cover for pharmacists carrying out cholesterol testing away from pharmacies, for example at exhibitions.

The Board agreed with this, as the increased risk of a claim arising was minimal. Initially the numbers of members involved would be small and each claim would be considered on its merits.

Elections for two Board members in Wales Following the retirement of immediate past chairman Roy Jones in March, three nominations had been received for the vacancy. But before voting had taken place Dengar Evans announced his retirement.

The Board agreed that the election programme should include both seats, with further nominations invited, and members voting for two candidates.

Computer errors concern

Pharmacists in Brent and Harrow have highlighted the continuing problem of computer generated errors on prescriptions.

The problem, which has been discussed by the Local Pharmaceutical Committee, is to be raised with the Family Practitioner Committee's newly appointed information technology manager.

According to the LPC secretary, Michael Levitan, the situation is an on-going concern. Problems often arise because of faint printing or badly positioned printing on the prescription, he says, but spurious codes giving rise to instructions such as 5ml three times daily for an ointment was not unknown.

"The problem is more of an irritation than anything else," said

Mr Levitan, "but if the name of a drug is badly obscured it could be dangerous". The majority of errors are minor and easily correctable, he stressed, provided support staff are made aware of the advantages of rectifying any problems at source. ■ A report in the weekly doctor's publication *GP* has quoted a survey of 2,000 GP trainees which found that only 18 per cent had received any formal computer training. More than 50 per cent of the trainees lack even informal training, said the report.

The Pharmaceutical Contractors Committee in Northern Ireland is expecting a remuneration offer for 1990-91 any time now from the Department of Health, according to secretary Mr T. O'Rourke.

Report critical of prison pharmacy security and pay

The prison pharmacy service needs a full review, says a report published last week which was highly critical of inadequate security, poor salaries and low morale among pharmacy staff.

The "Report of Her Majesty's Chief Inspector of Prisons 1989" (HMSO, £8.80) says that half the pharmacies visited had plywood panelled doors which could be broken with ease in a riot. Most held syringes and needles in unlocked cabinets or drawers. In one establishment an inmate worked in the pharmacy as a cleaner, while another had no cleaner at all. Other pharmacies

left technicians in charge to dispense while the pharmacist was absent. There were no tablet counting machines and most pharmacies had only "rather derelict typewriters" for producing labels.

The report also criticises prison pharmacies for holding archaic drugs. Potassium bromide was held at Dartmoor, strychnine at Gartree and lead paste and mercury paste at Birmingham. "This is a state of affairs which should not be allowed to continue," says the chief inspector Stephen Tumin.

In one prison 150 doses of

Physeptone were issued to drug addicts in eight days and, in another, large doses of chlorpromazine were given to an alcoholic. Other prison hospitals held diamorphine, morphine and pethidine far in excess of requirements. Stocks of lead acetate, mercuric chloride, sodium nitrate and ammoniated mercury were also found, which could be potentially fatal in the hands of inmates.

"It is essential that there are regular and proper audits of pharmacy drug holdings," the chief inspector concludes. He also suggests that the directorate should impose generic prescribing unless the medical officer can prove to the contrary.

The report goes on to say that the position of pharmacists is a matter for concern. A prison pharmacist is responsible to the head of medical services in the prison and to the head pharmacist within the directorate, so had two loyalties: "We know of nowhere outside where a pharmacist would be supervised managerially by a doctor. Not surprisingly this causes considerable dissatisfaction."

Salary levels are poor, the report continues. A prison pharmacist, 23 years after qualifying, is still paid less than £20,000 per annum while a hospital officer of only five years training is paid about the same.

At the time the report six pharmacy posts were vacant through retirement or resignation. A major implication of the shortage of pharmacists is a potential increase in serious prescribing errors, warns Mr Tumin.

"Disillusion and dissatisfaction are not surprising," the chief inspector concluded. "There needs to be a full review of the pharmacy service. Its aims should be to improve the status, accountability and responsibility of pharmacists, the introduction of proper systems which provide value for money, and the improvement of pharmacy conditions and security."

A summer advertising campaign to encourage blood donors to keep their appointments over the holiday period has been launched by Secretary of State for Health Kenneth Clarke. The £140,000 campaign will run throughout August and into September on 1,700 poster sites and 100 Superlite slots on the London Underground.

In-house bids get Guild support

The Council of the Guild of Hospital Pharmacists has reaffirmed its support for pharmacists in the Grampian Health Board who are preparing an in-house bid for aspects of the pharmaceutical service out to tender.

President John Gilby and general secretary David Bird visited Aberdeen to reiterate their offer to help with the exercise.

At its meeting on July 26, Guild Council unanimously agreed there should be no compromise in the maintenance of professional standards, based on the CAPOs standards. Any party submitting a tender must match those baseline standards.

Guild Council strongly refuted any suggestion by the Royal Pharmaceutical Society that the Guild's status as a section of a trade union makes it inappropriate as an accrediting body under the EC for the specialisation in hospital pharmacy.

Irish plans for the future of pharmacy practice

The Pharmaceutical Society of Ireland should be given control over non-pharmaceutical trading in pharmacies, while community pharmacists, for whom continuing education should be mandatory, are to be encouraged to consider partnerships or group practices.

These recommendations come in the report of the Commission of Inquiry into Pharmacy set up by the Irish Pharmaceutical Society. It gives the first overview of the pharmaceutical profession in Ireland since the PSI was established in 1875. The Commission considered past changes in drug treatment and healthcare in the light of their social and economic effects, and the implications of future developments for pharmacists.

Community pharmacy is the subject of a number of recommendations particularly concerning the appearance and layout of premises. The report advocates proper consultation areas with seating and the display and distribution of health care leaflets. There should be a phasing out or total separation of non-health related trading, which should be replaced by health related goods.

Pharmacists are to be encouraged to diversify into areas such as pet care, plant care and agrochemicals. In general, the Commission is concerned that premises should reflect pharmacy's professional character.

The report concluded that continuing education should be a

requirement for on-going registration in the community sector. A proper career structure is advocated for pharmacy technicians, while all staff involved in the sale and supply of medicines should receive appropriate basic training.

The report also contains a recommendation that an arbitrary age limit of retirement be considered for pharmacists, based on fitness to practise.

The way forward for hospital pharmacy is seen as involving seven-day, round the clock, qualified pharmacy presence through the use of on-call arrangements or residency schemes. The introduction of clinical pharmacy services throughout the entire hospital service is to be encouraged.

A revised grading scheme for hospital staff is to be encouraged, according to the report, which says the 1978 structure, currently in use, is too narrowly defined and provides no distinction between a large teaching hospital offering a range of specialised services and a small non-teaching hospital. The practice of dispensing prescriptions for out-patients at hospitals, should cease, says the Commission, while hospital premises should be subject to regular inspections.

The Commission's report also stresses the importance of the maintenance of patient medication records, patient counselling, for which it advocates the production of guidelines, and the involvement of pharmacists in national drug abuse education.

NHS poll shows public 'satisfied'

Over 80 per cent of people were satisfied with the treatment they or a member of their household received at an NHS hospital in the last two years.

In a new survey, published at the launch of the National Association of Health Authorities and Trusts (NAHAT) 65 per cent thought the NHS was "good" (only 6 per cent thought it "extremely good"); 17 per cent rated it "bad".

Services considered worthy of extra funds were the elderly (73 per cent), people with disabilities (64 per cent), and children (62 per cent). Only 21 per cent wanted tax relief on private health insurance.

The survey revealed that Kenneth Clarke has some way to go in getting his reform message across. Only 12 per cent said they understood "all or most" of the plans; 48 per cent understood little or none.

NPA members who wish to take up the Midland Bank's 2.9 per cent Visa/Mastercard arrangement without paying the usual £60 start-up fee, are reminded that the offer ends this month.

Blowing our own trumpet

The public are not as familiar with the pharmacist's role as we would like them to be. Recent surveys indicate that they are now less ignorant of the pharmacist's *raison d'être* than they have been in the past, but we cannot afford to be complacent.

Advertising in the enterprise culture is an important key to success. Most professionals recognise this and the Pharmaceutical Society, in keeping with the times and after years of restriction, now allows pharmacists to individually advertise their professional services. I am in favour of this since it will draw attention to the profession as a whole and hopefully reach that section of the public which does not normally use our services.

However, I prefer a corporate advertising approach promoting a united profession with a common

"There has been resistance to contact with the media after a number of painful experiences"

goal. It can be effective, as demonstrated by the NPA's "Ask your pharmacist" campaign, its only drawback being expense.

Media manipulation is one type of advertising which is being effectively used by many professions. Regrettably, pharmacists in Northern Ireland have totally avoided this approach. There has been resistance to any contact with the media after painful experiences in the past, but the time is now ripe to re-examine our opinions.

Media manipulation is effective and costs virtually nothing. If a news story involves some aspect of medicine use or abuse, a small committee of pharmacists trained in media skills could respond quickly with expert comment, allay the public's fears, explain the problem and, at the same time, promote the profession.

We must forget the policy of "whatever you say, say nothing", because our colleagues in England, Wales and Scotland are being trained how to deal with probing, aggressive questioners. We have nothing to fear.

A tripartite committee should be formed with representatives from the PSNI, UCA and PCC, and charged with actively promoting the profession. I feel we have something to shout about.

Written by a Northern Ireland community pharmacist

TOPICAL REFLECTIONS

by Xrayser

Tread carefully...

For many years Clarins has sold well in my pharmacy, with a compact range of skin care products backed up by excellent training for the staff. Few products do not sell with the result that I achieve a higher stock turn with the brand than any other cosmetic range.

I have now learned that next year the range will double with the launch of colour cosmetics. Suddenly the future does not appear so rosy since I understand that it will be all or nothing for the stockist. Colour is a high fashion, fickle business, and at Clarins prices I dread the effect that this will have on my return on capital employed. Clarins must tread very carefully if they are not to sour the exceedingly good relationship they have established with their independent agents.

A thorn in the flesh

It is rare indeed for *C&D* to publish anonymous letters but "Aggrieved" (last week) was a justified exception. Branded generics have always been a thorn in my flesh as they not only unnecessarily increase my stock holding, but they are also very expensive for the NHS at a time when "value for money" is the hallmark of every Government pronouncement on the NHS.

The spurious reasons given for their prescribing rarely stand the test of commercial time unless the marketing techniques employed offer prescribing incentives, and it is offensive indeed for a pharmacist to be told by the local surgery, without consultation, what brand of generics he should stock. Often stock is only available by direct purchase and I know similar letters have been received by other pharmacists and there are hints of commercial collusion which border on the ethically unacceptable.



The Department should immediately blacklist all branded generics and stop this abuse of prescribing privilege, but the wheels of officialdom are infamously ponderous and a "Liverpool" style boycott of identified branded generic suppliers might produce more rapid results.

Frustrating

I find competition stimulating but also frustrating, particularly when it involves a high profile retailer. The customer expects me never

to be out of stock but a similar situation with the multiple is shrugged off and no offence taken.

One of the most irritating scenarios is the customer who starts: "Have you got...?", to be followed by "Oh good... I've been everywhere" when I produce their requirement and next time they want the same product... back to the multiple! I've at last decided what to do. I will rename the shop "The last resort," then when they start "I've been..." I will point to our facia name and reply "Not quite!"

New technology

When pregnancy tests first became available the process was laboratory based and took two to three days for written confirmation of the result. Cholesterol testing has so far been similarly laboratory based, albeit that the facility can now be situated within the pharmacy. It is inevitable that with the social awareness of cardiovascular disease, home testing systems would soon be developed.

Recently (*C&D* July 21) the availability of the first cholesterol home testing kit was announced and at £6.99 it should rapidly become a best seller. I am pleased that the Pharmaceutical Society is to organise an independent evaluation. If the kit is given official approval I will be first in the queue for purchase.

COUNTERPOINTS

Asilone goes on show

Point of sale material and television advertising are to support the relaunch of Asilone (Counterpoints, last week).

A pre-packed counter display unit holds 12 bottles of the 100ml liquid, six 300ml and four packs of 30s tablets. It is loaded from the front for the tablets and from the back for the Pharmacy liquid.

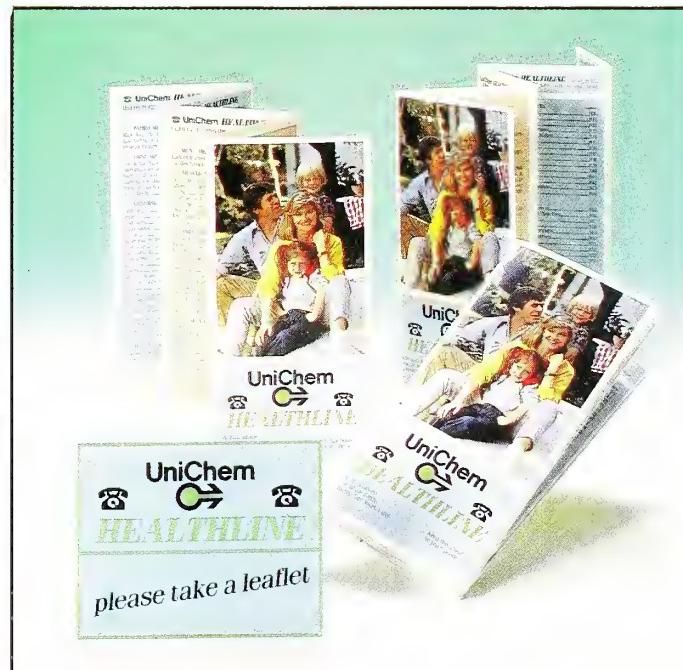


Measuring 12 by 12 by 9 inches, the unit highlights the three uses of Asilone — indigestion, acidity, heartburn. It also carries 30 consumer leaflets: "Indigestion — help and advice".

Shelf edgers, and large and small window showcards are available. The latter features the catchline of the television commercial: "Asilone — your solution to indigestion". The £1.5m television campaign, the first ever for Asilone, will run for five weeks during October and November.

POS is available now and display units will be delivered in October, just prior to the start of the TV campaign. A counter assistants competition is also planned, say Crookes Healthcare Ltd. Tel: 0602 507431.

Boots have announced their Autumn colours for this year under the theme "colours of the earth". Colours for the eyes include: rich brown, dusky pink and sand; cheeks are in rose or beige; lips in pinks roses and golds. Boots Company Plc. Tel: 0602 506111.



Unichem launch Healthline service

Unichem are this week launching a Healthline telephone advice service through leaflets in pharmacies.

Each Unichem customer will receive an initial stock of 50 leaflets, which offer almost 200 advice lines covering subjects as diverse as AIDS, dietary advice, medicines, children's health, and sexual concerns.

The advice given has been developed by doctors at BUPA with pharmaceutical input from consultants Dr Alison Blenkinsopp and Alan Nathan.

The cost to callers is 25p per minute cheap rate and 38p per minute at other times. Unichem will take part of the cost of all calls. Further leaflets will be available by simply calling up a Prosper code with the rest of an order.

The telephone numbers used in the Healthline service are exclusive to Unichem, and the information given is strongly branded to "your local Unichem pharmacy". Pharmacists can stamp their shop address on a

panel on the back of the leaflet, which is referred to at the end of each tape.

Unichem's assistant marketing director Tony Foreman says the Unichem Healthline gives customers an edge along the "Ask your pharmacist" route.

"There are a lot of subjects where customers want to ask questions. If they have this leaflet by the phone they can ring one of the lines, and from there we hope visit their Unichem pharmacy."

Mr Foreman says Unichem may be able to develop the service further in future, for example by providing faster information on product recalls. Unichem Ltd. Tel: 081-3912323.

Scandinavian Supplies are supporting their Panda licorice in December with a theatre promotion. Any theatre goer attending Sooty's Christmas show at the Bloomsbury Theatre will receive a licorice bar free of charge. Scandinavian Supplies Ltd. Tel: 071-2313663.

Yeast-free vitamin B from Healthcrafts

Healthcrafts yeast-free vitamin B range will allow consumers who prefer to avoid yeast to select B vitamins from their range.

There are four products: B-Complex tablets (90 £1.99); Compleat B tablets in both 90s (£1.99) and 180s (£2.99); and Vitamin B6 25mg tablets (90 £2.79). The range is presented in special flash packs.

Healthcrafts say that some experts estimate that nearly a quarter of the Western population is afflicted with abnormal levels of *Candida albicans*, with widespread use of broad spectrum antibiotics and rich sugar diets leading to a proliferation of the yeast.

Elimination of all foods derived from or containing yeasts or fungi should help control *Candida*, say Booker Nutritional Products. Tel: 0932 336355.

Sanderson go angled for teeth

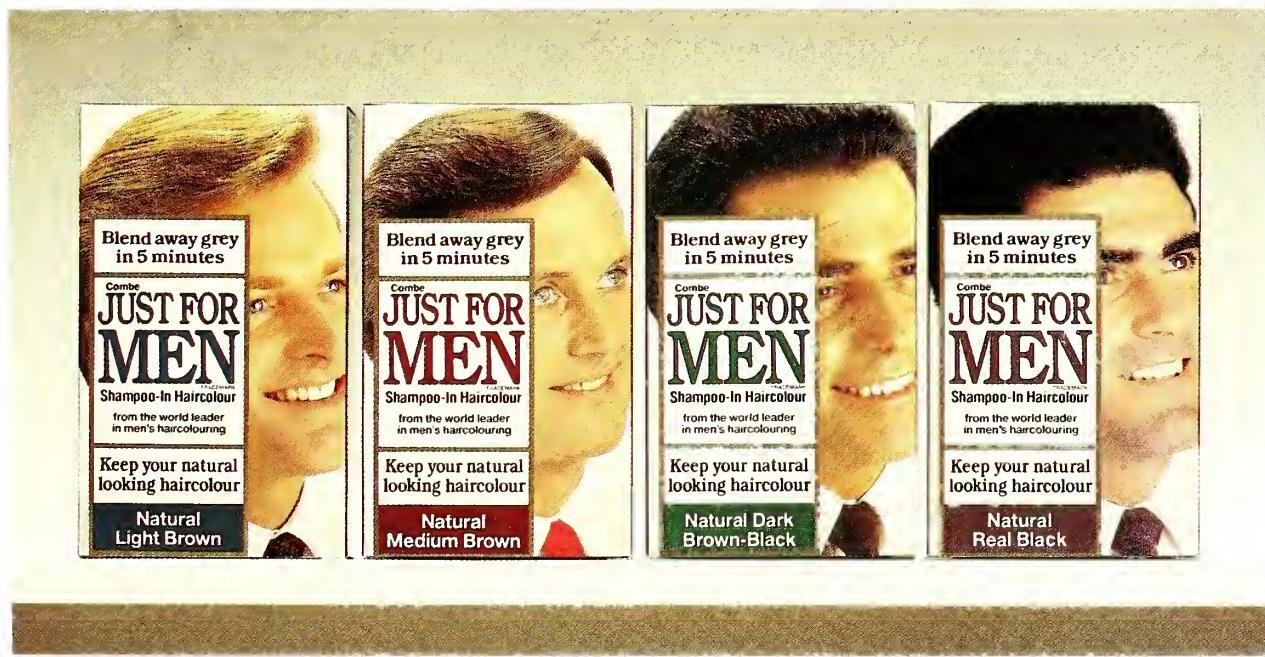
Louis Sanderson have launched an anti-plaque angled toothbrush as an extension to their existing range.

The angled brush has a longer handle than their standard anti-plaque brush and also allows easy access to the back of the mouth and rear of the incisors, says the company.

Packaged in dozens, the anti-plaque angled brush is available in a range of pastel and primary colours. They will retail at £0.69 each, with a trade price of £3.59 per dozen giving 50 per cent POR. Louis Sanderson oral hygiene division. Tel: 0777 870057.

STOCK UP ALL FOUR SHADES OF 'JUST FOR MEN'.

STACK UP EIGHT TIMES THE PROFIT JUST FOR YOU.



Maximise your profits in the buoyant Men's Haircolouring Market.

Latest Nielsen figures show that if you stock all four shades of Just for Men you'll enjoy 8 times more sales than if you stock only one shade.

Now, doesn't that colour your thinking?

Combe International, 17 Lansdowne Road, Croydon, Surrey, CR9 2AU - the world's leader in Men's Haircolouring.

Combe
**JUST FOR
MEN**
TRADEMARK
Shampoo-In Haircolour
blends away grey
in 5 minutes

Sales of cosmetics and toiletries soar

Sales of cosmetics and toiletries have grown faster than "most other consumer products", says the latest report on toiletries and cosmetics retailers from Mintel.

The market is said to have doubled in size over the last ten years to be worth an estimated £3.9 billion in 1990. Despite the current downturn in spending, this sector is not projected to be hit as hard as other markets, says the report.

The multiple and independent chemists have enjoyed the largest gain in market share from 5 per cent to 11 per cent over the last ten years. On the other hand, Boots have lost market share from 32 per cent to 24 per cent over the same period.

Department stores still dominate the premium market, but are losing mid market share to the grocery multiples, says the report. It states that although

grocery multiples have a poor share of the fragrance and colour cosmetics market, they are very strong in the toiletries sector where their bulk buying power is used to "maximum effect". In 1980 they held 15 per cent of the market and have since taken share from others to reach 27 per cent in 1990, says the report.

It reveals that the main trends within the market which will keep it buoyant are the influence of the "green consumer", fashion, demographic changes and a healthier living and lifestyle. The green consumer will also play a major part in the way manufacturing and marketing develops in the future.

Copies of the Toiletries and Cosmetic Retailers report are available for £275 from *Mintel International Group, 18/19 Long Land, London EC1A. Tel: 071-606 4533.*



Drum into pharmacies

This September will see the distribution of Drum performance products into pharmacies. The range of male toiletries has, until now, been available only through Boots.

A national television campaign is planned for October to coincide with the products' increased availability. With a spend of £528,000 the campaign includes prime spots on TV-am, Channel 4 London, and Central. A display stand has been introduced to

merchandise the range and it is said to be ideal for both shelf and counter top location.

The Drum range comprises: shampoo and shower gel (150ml £2.95); hair condition (150ml £3.25); styling gel (150ml £2.45) anti-perspirant deodorant (100ml £2.45); shaving gel (150ml £2.95); face balm (150ml £3.85); sunscreen (150ml £4.95) and muscle relaxing bath gel (150ml £2.95). *Pioneer. Tel: 0452 421905.*



Kenzo recalls Japan

Parfums International have come up with Kenzo, a fragrance created by Japanese fashion designer Kenzo Takada.

The fragrance has a stable base of oak moss wrapped in vanilla and white iris, matched with a background of cedar sweetened by sandalwood, amber and musk. The floral heart is a marriage of magnolia, gardenia, tuberose ylang ylang, rose, jasmin

and peach, with a top note containing orange, mandarin and bergamot.

Kenzo comes packaged in a frosted glass bottle with a floral stopper. It is available in EDP natural spray (50ml £42.50); EDT splash (400ml £150; 100ml £35; 50ml £25); EDT natural spray (100ml £40; 50ml £28.50; 30ml £34). *Parfums International Ltd. Tel: 071-486 2228.*

Wellcome promotions

Wellcome are planning promotional campaigns for a number of their products for the Autumn period.

Actifed and Sudafed ranges will benefit from a spend of over £2 million on a multi-media campaign from November to March. Point of sale material is available together with a pharmacy assistant's competition and window display promotions.

Pharmacists stocking Drapolene will be able to enter two prize draw competitions running from August to October. The first, a window display draw,

will offer £1,000 worth of Argos vouchers, while the second has three CD Hi-Fi systems to be won in an assistant's quiz. Drapolene is due to feature in a full page advertisement appearing in parental titles this Autumn.

Calpol will be supported by a £500,000 consumer advertising campaign in women's and parental titles from August to March. Wellcome's representatives will also be supplying pharmacies with child growth record cards, in conjunction with the Child Growth Foundation. *Wellcome Foundation Ltd. Tel: 0270 583151.*



Celsius International have added three new products to their range: Eau de toilette (100ml £7.50); stick deodorant (75ml £1.69) and roll-on deodorant (75ml £1.39). The rest of the range remains the same except for one deletion, the conditioning shampoo. Celsius International Ltd. Tel: 071-377 5000

Milupa delivers

Breakfast Time



more sales

Dinner Time



at all times.

Tea Time



Milupa outsells every other babyfood company in chemists.⁽¹⁾

That's because brand leader Milupa offers exactly what you and your customers want.

A wide variety of delicious, wholesome meals made entirely from top quality ingredients with no artificial colourings, flavourings or preservatives.

Milupa Infant Foods are clearly divided into Breakfasts, Dinners, Desserts

and Tea-time savouries to make merchandising easy and to ensure baby's mealtime routine fits in with the rest of the family's.

So it's no wonder Milupa delivers more sales. Time and time again.



milupa®

Milupa babyfoods. The one taste little experts agree on.

Source: A.C. Nielsen total babyfoods £ market share, March - April 1991, Total Chemists - Excl. Supermarkets

See your representative or ring our Sales Department on 081-573 9966. Milupa Ltd, Milupa House, Uxbridge Road, Hillingdon, Uxbridge, Middlesex UB10 0NE

Faster drying Right Guard

All five variants of Right Guard roll-on anti-perspirant deodorant have been reformulated and are now faster drying than ever before, say Gillette.

Studies with the new formulation in America revealed consumers felt that it had a drier, less sticky feel on the skin after application and that it also showed a significantly superior perspiration control, says the company.

The new formulation will be identified on shelf by a cap sticker. It will be the subject of a £250,000 advertising campaign in the women's Press later this year. *Gillette UK Ltd. Tel: 081-560 1234.*

Ombre comes as a gift

Jean-Charles Brosseau's fragrance Ombre Rose has been packaged in a coffret for Christmas.

The coffret contains a 100g octagonal shaped soap and a 0.25 oz perfume purse spray which is refillable and has the added advantage of fitting into a handbag, says the company.

It comes free with any purchase of the Ombre fragrance or bath line. It will be available from October while stocks last. *Jean Patou Ltd. Tel: 071-328 1036.*



Setters Tums is to benefit from a £1.5 million television advertising campaign, timed to coincide with the main Summer holiday period. The company claims this is the largest campaign ever put behind the brand in a two month period. Smithkline Beecham have chosen a humorous approach depicting a Sunday morning domestic scene. The new commercial will run nationally throughout August and September. Smithkline Beecham Health Care UK. Tel: 081-560 5151

Arden capsule brings Saturn to skincare

Claiming a technological breakthrough in skin science, Elizabeth Arden have launched Ceramide time complex capsules.

They contain Ceramide 1, an ingredient said to be close to natural ceramides found in lipid layers to the *stratum corneum*. The other ingredients in the complex are vitamin A and its derivative retinyl palmitate, and evening primrose oil.

"Symbolic" Saturn was the inspiration for the packaging in spherical, gelatine capsules which protect the light-sensitive ingredients from degradation, say Arden. Each capsule features a twist-off tab.

The contents are squeezed onto the fingertips and smoothed over a freshly cleansed face and throat, before the application of a moisturiser. This is done daily for two to three months — depending on the dryness of the skin — then on alternate days to maintain its long-term benefits, say Arden.

Ceramide time complex capsules are said to aid the appearance of the *stratum corneum*. They come in 60s (£39.50). *Elizabeth Arden Ltd. Tel: 071-224 1213.*

Sangers stage a Hollywood promotion

Stage two of Sangers Kodak film festival promotion continues with a Hollywood theme. Orders of 60 rolls of film qualify for videos of either Casablanca or Close Encounters, or a print of Marilyn Monroe. For orders of 120 rolls of film retailers have the choice of a bottle of Jim Beam bourbon whiskey or a case of two fine Californian wines; 180 roll orders qualify for a choice between a director's chair and a matching set of brass and enamel ballpoint and fountain pens.

Alternatively, dealers can save towards larger prizes; a hand cut crystal decanter is on offer for 360 rolls, a Casio LCD portable television for 480 rolls and a Ferguson video recorder or 14in Sony colour television in return for 1,500 roll orders.

Moreover, every dealer who participates in this second stage of the promotion qualifies for a prize draw to win a family ticket to Disneyworld. *Sangers Photographic Ltd. Tel: 021-523 4471.*

ON TV NEXT WEEK

| | | |
|---------------------|-----------------------|------------------------|
| GTV Grampian | U Ulster | SK Sky |
| B Border | G Granada | STV Scotland (central) |
| C Central | A Anglia | Y Yorkshire |
| CTV Channel Islands | TSW South West | HTV Wales & West |
| LWT London Weekend | TTV Thames Television | TVS South |
| C4 Channel 4 | TV-am Breakfast | TT Tyne Tees |
| | Television | |

| | |
|-----------------------|---|
| Dettol Liquid: | All areas inc Sky except HTV, CTV, TVS, LWT, TTV & C4 |
| Finale: | Y, C, A, TSW, TVS, LWT & TTV |
| Gillette Sensor: | All areas |
| Lanacane creme: | Y, C, TT & C4 |
| Libra Bodyform: | All areas except CTV, LWT & TTV, TV-am |
| Listerine: | All areas |
| Loving Care: | Y, C, A, HTV, TSW, TVS & TTV |
| Macleans toothpaste: | All areas |
| Mum deodorant: | All areas |
| Plax: | All areas except LWT & TV-am |
| Sensodyne toothpaste: | All areas except CTV, TVS, LWT, TTV & TV-am |
| Silvikrin: | All areas |
| Sure: | All areas |
| Tums: | All areas |



Mr and Mrs Davis, Vantage pharmacists at BL & PM Morris in Caerphilly, Mid Glamorgan, were the winners of the "Colourful World of Clairol" competition, launched in conjunction with AAH Pharmaceuticals. The first prize was a trip for two to the Vantage convention in Rome. The tickets were presented to Mr and Mrs Davis at the airport by Debbie Whitehead and Jon White from Bristol Myers and Robin Raymond, depot manager of Vestric (UK) Swansea. In addition to the first prize, there were also regional runners-up prizes of Clairol Big Shot hairdryers, and every entrant received a Max Factor eyeshadow.

Summer cures and myths from Unichem

Goat's dung and vinegar, used tea-bags and mugwort fronds... these are just some of the "weird and wonderful" home-made cures suggested by Unichem in their new consumer leaflet.

The Unichem "Summer bites and stings guide" offers "myths,

magic and sound advice" on how to cope with ailments such as burns, bee stings and bad breath.

The sound advice takes the form of practical suggestions on more conventional remedies that can be bought from pharmacies. *Unichem. Tel: 081-391 2323.*

AAH get into leather

A leather handstrap has been added to AAH Pharmaceuticals' Home Health product portfolio.

It is adjustable and has a utensil pouch in the section which covers the palm, allowing people with limited or no grip to use everyday items.

The strap is closed by Velcro, which makes it easy to put on, adjust and take off with one hand, say *AAH Pharmaceuticals Ltd. Tel: 0928 717070.*

Senokot: The 200 tablet pack has been discontinued, say *Reckitt & Colman Pharmaceuticals. Tel: 0482 26151.*

Sweetex ads

Crookes Healthcare are supporting Sweetex over the next five months with an advertising campaign in the slimming Press.

Advertisements under the banner "Sweetex. Like sugar but without the lumps" will appear from August in magazines such as *Slimmer, Practical Health, What Diet & Lifestyle and Successful Slimming. Crookes Healthcare Ltd. Tel: 0602 507431.*

Copies of Medipost's catalogue, showing their range of products for nursing and residential homes, are available from the company. The minimum order is £10, and orders are despatched on the day of receipt, say *Medipost (UK) Ltd. Tel: 0305 760750.*

ICI's Cetavlon PC to go in September

Cetavlon PC shampoo will not be licensed and may not be sold in the UK after September 30, say ICI.

This follows a review of older antiseptic products, says the company. Existing stock may continue to be sold until the end of September and Cetavlon PC will

cease to be manufactured or supplied from December 31.

While the product is still available, users should be made aware of the proper procedures for dilution, say *ICI Pharmaceuticals UK. Tel: 0625 584848.*

BRIEFS

Nystan pessaries are now available in a pack of 28 (£1.96, trade). The 15- and 100-pessary packs have been discontinued. *E.R. Squibb & Sons Ltd. Tel: 081-572 7422.*

Lergactil tablets 10mg are available in an OPD pack of 56 (£0.325, trade) replacing the 500 size, which has been discontinued. *May & Baker Pharmaceuticals. Tel: 081-593 2140.*

The new product licence for Modrenal capsules, which is now held by Wanskerne Ltd (Specials last week) is 10577/0001. *Distributors Farillon Ltd. Tel: 04023 71136.*

Securitainers of Praxilene capsules have been re-introduced to join the OPD unit. Pack sizes are 100 (£10.33) and 500 (£50.25, both prices trade). *Lipha Pharmaceuticals Ltd. Tel: 0895 449331.*

SK&F point out that although Algitec suspension is often prescribed in original packs of 600ml, the usual dosage is 10ml four times a day for four weeks, or 1,200ml. *Smith Kline & French Laboratories Ltd. Tel: 0707 325111.*

Roussell Laboratories have withdrawn their prostaglandin pessary Propess, used for cervical ripening in labour. Existing stock of the hospital-only pessary should not be issued, but returned to the company. *Roussell Laboratories Ltd. Tel: 0895 834343.*

Evans say that stocks of lactulose solution have been temporarily withdrawn and back-orders cancelled, following a recent product recall. *Evans Medical Ltd. Tel: 0582 608308.*

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Fax: 0403 211620

CHANNEL
BUSINESS SYSTEMS Plc



Panpharma Limited ANNOUNCEMENT

Panpharma Limited has terminated its Agency Agreement with Iris Optics Limited (OPTEST).

For avoidance of doubt, Iris Optics Limited has never had and does not have authority to pledge the credit of Panpharma Limited for any purpose. It should be noted that at no time has there been a Partnership between Panpharma Limited and Iris Optics Limited.

NEW WYETH Gel filled TEMAZEPAM CAPSULES



THE SAME BUT DIFFERENT

Gel-filled to reduce the risk of intravenous drug abuse

Bio-equivalent to the liquid-filled temazepam capsules which they replace

In 10mg and 20mg strengths gel-filled capsules are marked 'W10' and 'W20' to distinguish them from liquid-filled capsules. Packs are clearly labelled 'gel-filled capsules'

DISPENSE WYETH TEMAZEPAM

Now available as abuse resistant tablets or gel-filled capsules

TEMAZEPAM GEL-FILLED CAPSULES

Prescribing Information

Presentation: Temazepam 10mg and 20mg in gel-filled opaque, yellow soft-gelatin capsules. **Indications:** Short-term treatment of insomnia (up to four weeks). **Dosage:** Adults: 10-30mg, half an hour before retiring. In all cases the lowest effective dose should be used and treatment should be intermittent if possible. The dose may be increased to 40 or 60mg in patients who do not respond to the lower dose because of severe or persistent insomnia. Treatment should be withdrawn gradually. Elderly, elderly patients and those suffering from cerebral vascular changes such as arteriosclerosis are likely to respond to smaller doses, possibly half the normal adult dose. **Not recommended.** **Contra-indications:** Sensitivity to benzodiazepines, acute pulmonary insufficiency. Not to be used during pregnancy and lactation unless clinically justifiable. **Precautions:** Concomitant administration with alcohol or CNS depressants may accentuate effects. Prolonged or excessive use may lead to dependence and withdrawal symptoms on cessation of therapy. Patients should be cautioned against driving or operating machinery until it is established that they do not become drowsy or dizzy. Rarely amnesia, paradoxical aggressive reactions, depression and suicidal tendencies have been reported. Psychological adjustment to loss or bereavement may be inhibited. **Side-effects:** Drowsiness or dizziness on waking, morning headaches, transient rash and gastro-intestinal disturbances have occasionally been reported. **Legal Category:** POM. **CDISCH:** 4. **Packs and basic NHS cost:** 10mg - 500 - £12.06; 20mg - 250 - £10.52. **Product License Numbers:** 10mg - PL0011/0106; 20mg - PL0011/0107. **Further information is available on request:** Wyeth Laboratories, Taplow, Maidenhead, Berks, SL6 0PH.

P0011/0106 20mg PL0011/0107
Further information is available on request: Wyeth Laboratories, Taplow, Maidenhead, Berks, SL6 0PH

WYETH
GENERIC

* trademark

All part of the message

In one area at least there has been a sharp upsurge in advertising activity by community pharmacists (**Comment** last week). This contrasts with the negative finding of your local newspaper survey. The relaxation of the Code of Ethics has prompted many more members than usual to order the NPA's "Health Hints" calendars. These are designed to be overprinted with personalised advertising messages for free distribution to customers.

Members depend on us to vet their messages. Now that it is possible to say so much more about the range of services offered from a pharmacy, it is our experience that community pharmacists are quickly becoming aware of the advertising possibilities. This is also borne out by the enthusiastic response to your announcement about our forthcoming practice leaflets.

J.A. Goulding
Business services manager, NPA

Getting out of a corner

"Aggrieved" (**Letters** last week) does not need to be forced into a situation of supplying generics from an expensive supplier whose products are not available from his wholesalers. It is unlikely that any service committee would apply any meaningful penalty if he supplied another make of generic which is available to him through normal trade channels and is widely used.

All generic manufacturers are equal: their manufacturing and product licences see to that, so there can be no rational grounds for preferring one generic to another. And surely prescribers must provide rational grounds for their preference if that preference is to stand up. One can understand a preference for the original discoverer of a drug, and that being expressed by prescribing the branded product, but for a generic product there can be no rational clinical, as opposed to financial, preference.

In any event, if Ashbourne Pharmaceutical's products are not available through normal trade channels, then an emergency situation exists when a pharmacist is presented with a prescription calling for one of their products. Any pharmacist is well justified in

LETTERS

substituting another equivalent generic without, in my view, any need to contact the prescriber.

"Aggrieved" should meet his own doctors and firmly tell them his policy is to buy from his local wholesalers because only in this way can he give a good service to patients within the cost constraints of the NHS contract and that the generics they wish to prescribe are not available through normal trade channels.

As a professional matter, if presented with prescriptions for them, he will be forced, in the interests of rapid treatment, to dispense the other makers' generics which he has in stock.

R. Cartside
Llanberis

Unichem controversy

On March 8 I received a telephone call from my Unichem branch manager in Livingstone informing me that my account was being closed because my February ethical purchases had failed to reach the minimum £3,000 by only £80. Despite numerous phone calls the decision to close my account stood.

On March 12 I contacted my Unichem branch to request the opening of an account to allow me to continue trading until I could appeal. This request was refused and the reason given was that it was somewhat unique for a customer to wish to re-open an account directly after it had been closed! On April 19 my written appeal against the withdrawal of my membership and shareholding in Unichem was rejected.

My monthly ethical purchases with Unichem from August 1989 were as follows: August £6,375; September £4,996; October £6,830; November £3,516; December £3,540; January £3,485; February £2,920; March £3,300 (Account closed on 8/3/90). Ethical purchases fell in November because a new staff member was assigned the task of keeping a running total of Unichem purchases to ensure that we spent a minimum of £5,000. Unfortunately OTC purchases were included, a simple error which went unnoticed. At the end of January 1990, we commenced a refit of our pharmacy and reopened for normal trading in the third week in February. This accounts for the fall in trading in January and February.

I would therefore ask Unichem to explain in simple terms that this bewildered pharmacist can comprehend:

1 Why I was refused a trading account on March 12 when I was a shareholder?
2 Why my appeal against the decision to remove my membership was rejected when I could clearly not produce the same level of business because we were effectively closed to conduct a refit, and that in spite of being closed for approximately 70 per cent of February we only failed to reach the minimum terms by £80!
3 Why it is possible for me to have a Unichem account now that my shares have been withdrawn?

George Kerr
Glasgow

Unichem chief executive Peter Dodd replies: The account at one of your correspondent's pharmacies was closed through failure to comply with our well-published trading terms. Following this closure, the Unichem membership status was automatically reviewed by a Board subcommittee. Your correspondent declined to attend the meeting where, armed with the full facts of the case, the committee decided that membership should be withdrawn and the shareholding refunded.

Unichem do not readily close any account and the Board has often reinstated membership where considered appropriate. However, it is expected that any customer who gives the major part of his available business to a competitor should stay above the stipulated minimum purchase levels. The account could be reopened on this basis, but it would be particularly welcomed if each of the pharmacies were now to become customers.

Fund appeal

May I make an appeal through your columns for vitamin tablets and drops, iron tablets, paracetamol suspensions and any similar basic medical supplies suitable for children in the age range of 0-3 years old, to send to the orphan children in Romania.

We are currently collecting a vast supply of basic baby care lines to be sent out to Romania at the end of September. We have also been fundraising to purchase some of the more expensive items needed by the orphanages.

Donations and requests for further information can be made to Mr David Smith of M.E. Watson Chemists, Armthorpe, Doncaster, South Yorks (tel: 0302 831342).

Mrs J Miles
Treasurer, Romanian Orphan Campaign



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This new booklet helps you and your assistants to



do just that. Simple to use as a reference, it's divided into sections – each dealing with a problem you're likely to meet, the advice to give your customer, and suitable treatments to recommend from the Scholl range.

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*Calculated from independent survey results Data on File, Scholl Consumer Products



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ONE TOUCH. ONE DISTRIBUTOR.



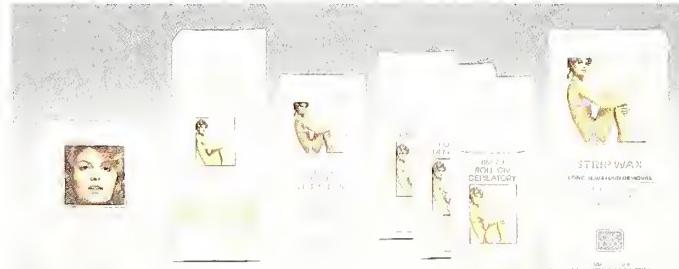
One Touch, the revolutionary new roll-on depilatory which has taken the States by storm, has just been launched over here. Just in time for the peak depilatory sales period. With a \$400,000 advertising spend that's second only to the brand leader.

You've probably already seen the unusual, eyecatching

ads that have been making such an impact in the leading women's magazines. Certainly your customers will have

And they're going to be clamouring for this unique patented applicator that rolls on just the right amount of lotion with no fuss, no mess and showers off minutes later.

And guess who's just





ded the exclusive distribution rights to pharmacies throughout the UK? (Proving once again that no one else gets the UniChem touch.)

There are three types; Regular, Sensitive and Bikini. Each pack of 12 has its own dispenser. And as a special introductory offer, we're giving you one pack free with every six you order.

So be sure you're well prepared for the

rush. Not just with One Touch roll-on depilatory, but also One Touch cream depilatory, strip wax and cream lightener. And if your own wholesaler isn't participating, simply contact us direct.

Because, with the highly attractive 25% P.O.R.

we're offering, One Touch promises to be a very lucrative new addition to your shelves.

Roll on summer . . .

UniChem

UniChem PLC., UniChem House, Cox Lane, Chessington, Surrey, KT9 1SN. Tel: 081-391 2323.

PHARMACY

update

Prevention is better...

Each year osteoporotic fractures cost the National Health Service an estimated £500 million. But public awareness of the nature and causes of osteoporosis is growing, and the attention of the medical profession is focusing on prevention rather than cure.

| Principal risk factors |
|------------------------|
| Early menopause |
| Parity |
| Race |
| Family history |
| Body build |
| Immobility |
| Low calcium |
| High protein |
| Low fluoride |
| Smoking |
| Alcohol |
| Steroid therapy |

Risk factors and preventative measures for osteoporosis are well known, and effective treatment exists. Yet this most common disorder of the skeleton often comes to the attention of doctors only because of a fracture, loss of height or back pain.

Osteoporosis is characterised by a reduction in the amount and strength of bone tissue which leaves parts of the skeleton abnormally susceptible to fracture. The bones most usually affected are the femur (hip bone), vertebrae — often resulting in the condition known as Dowager's Hump — and wrists (Colles fracture).

The two forms of the disease are primary and secondary osteoporosis. Type I primary osteoporosis is postmenopausal osteoporosis. It can occur in these women or those who have had their ovaries removed. It is characterised by accelerated bone loss, which develops because of the lack of oestrogen.

Type II, senile osteoporosis, is a protracted, slow onset condition which can occur in both men and women due to the natural aging process. Already at

epidemic proportions among the elderly, the problem is likely to worsen. The Office of Health Economics projects that by 2031, the number of people over 65 in the UK will be 13.6 million (22 per cent of the total population) compared with 9.6 million (16 per cent) in 1987.

Secondary osteoporosis can occur in both sexes, but it affects children as well as adults. It is caused by some diseases, such as hypogonadism and Cushing's Syndrome, by drugs, such as corticosteroids which reduce bone mass, or by immobilisation.

Risk factors

The two main factors that determine one's susceptibility to postmenopausal osteoporosis are peak bone mass attained and subsequent bone loss. Bone mass is influenced by sex, race, nutrition and physical activity, and these are some of the factors used to assess the risk of developing osteoporosis.

Women are more vulnerable to osteoporosis, not only because of the link with the menopause, but also because more survive to the age (around 70 years) at which osteoporotic fractures occur than men.

Similarly, the risk is also greater if she is white or Asian. The incidence of osteoporosis among black people is lower, because they have a higher skeletal mass. Women who have not had children are more at risk, as are daughters of those who have had post-menopausal osteoporosis.

Fat women are protected at menopause because they have higher amounts of oestrogen, and greater stress on their bones, which leads to new bone formation. This is also affected by dietary factors; risk factors are

low calcium, high protein — which increases calcium secretion, and low fluoride.

The question of HRT

The established preventative therapy for osteoporosis in postmenopausal women is hormone replacement therapy (HRT). Oestrogen, administered either on its own or preferably with sequential progesterone, prevents bone loss.

But although some doctors advocate HRT for all women at menopause, others and some women themselves dislike the thought of healthy individuals taking medicines they may not need.

Controversial evidence suggests that long term HRT, as is needed to prevent osteoporosis, increases the risk of breast cancer. It is therefore contraindicated in women with a history of breast cancer. Additionally, some women dislike HRT because of the return of regular periods, and some 15 per cent suffer headaches, nausea, dizziness and weight gain.

But there is hope now for women in Hull and East Yorkshire, with a screening programme for women between 50 and 59 years old. It involves a spine and femur bone-density scan, using a bone densitometer dual X-ray absorptiometry machine.

This guides GPs on which patients should be given HRT, and is targeted at women most recently through their menopause because they are most sensitive to the beneficial effects of HRT. If the scheme is successful, it should pave the way for a national screening programme in about 5 years time.

Other screening processes,

for example biochemical tests on blood and urine, are also in development.

Other treatments

Stimulants of bone formation

Calcium: Bone is composed of deposits of calcium phosphate within collagen. Since the main feature of osteoporosis is loss of bone mineral, it would seem logical to replace lost calcium. However, this is not effective in all sufferers.

It is generally believed that calcium supplements do no harm and may do some good in delaying the onset of osteoporosis. They appear to have little effect in early postmenopausal women, but do decrease the rate of bone loss and fracture in elderly women and men, who may therefore benefit from supplementation at the right level.

Premenopausal use is also important, especially at periods of rapid skeletal growth such as adolescence, pregnancy and lactation. Dietary calcium should be sufficient, but supplements are often needed.

Fluoride: This stimulates bone formation, and in conjunction with calcium, may be effective in treating spinal osteoporosis. Its use is avoided because it is toxic, and may increase the risk of fractures in other osteoporotic sites.

Anabolic steroids: Use of these is limited due to unacceptable side-effects.

Antiresorptive agents

Calcitonin: This has been shown to be effective in both the prevention and treatment of osteoporosis. Until recently it has been administered only parenterally, making it unacceptable for general use. Now a nasal spray has been

developed which at a dose of 100iu is said to have a similar effect to 50iu parenterally, when measured after four hours.

Diphosphonates: These were hailed as the osteoporosis treatment of the future at a conference earlier this year. A recent Danish study found that they inhibit bone resorption and can increase bone density, decreasing the incidence of fractures.

The two diphosphonates currently available in the UK are etidronate (Didronel) and pamidronate (Aredia), licensed only for treating hypercalcaemia and Paget's disease; an application for etidronate in treating osteoporosis is pending. It appears to produce no significant side-effects, and is thought to have an important role

for postmenopausal women who do not want to or cannot take HRT.

The benefits of taking etidronate also appear to be maintained six months after treatment is stopped, perhaps leading to once or twice yearly dosing, the study concluded. But reservations about the diphosphonates will probably limit their use until further studies have been carried out.

Advising on prevention

1. Exercise. Regular exercise increases blood flow to bones, supplying nutrients needed for bone formation. It also shifts the body's hormonal control of bone remodelling in favour of formation. On the other hand, inactivity or immobilisation causes bone loss.

In such cases, physical activity tends to slow loss and may restore bone mass.

2. Diet. An adequate supply of dietary calcium — the equivalent of a pint of skimmed or semi-skimmed milk each day — is essential; it is the most obvious deficiency in sufferers. The efficiency of calcium absorption decreases with the decline in the level of oestrogen at the menopause. Vitamin D increases the intestinal absorption of calcium.

3. Alcohol. Excessive alcohol should be avoided. It has been shown to have a negative effect on bone mass.

4. Smoking. There is a strong association between cigarette smoking and risk of fracture. In addition, smokers tend to be thin, and to have an earlier menopause.

Why elderly people fall

As we get older, balance and mobility are often impaired. There is progressive muscular weakness and reflexes are slowed or non-existent. Vision may be impaired, and the elderly may be slightly confused. Certain illnesses may affect mobility and stability; prescribed medicines, such as diuretics and sedatives, may also cause falls. When they do fall, elderly people are less able to protect themselves against the impact than a younger person. Of the estimated 50,000 people who fall and suffer hip fractures in the UK each year, around 25 per cent die.



Keeping records

Some 60 per cent of pharmacies are yet to install computerised patient medication record systems. In the third of our series on computers in pharmacy, Dr Barry Strickland-Hodge looks at what's on offer.

Computerised records in pharmacy are nothing new. They have been kept, albeit on a small scale, for almost ten years — ever since microcomputers became widely available. As with labellers, the major impetus has been external. The Royal Pharmaceutical Society's labelling recommendations, the falling cost and availability of hardware and the Government's White Paper "Promoting Better Health" have all had some influence.

Apart from White Papers, the Product Liability, Consumer Protection and Data Protection Acts will all have an effect on pharmacy computers. These effects will be considered in a future article in this series.

Systems are under used

The proliferation of new manufacturers in the market may well have slowed, but Patient Medication Record (PMR) system sales continue. Some 40 per cent of pharmacies now have at least one stand alone PMR system and a small but growing percentage use multi-user systems. Last year saw further developments in computer facilities combined with greater consolidation and improvement of existing features.

Pharmacists are not fully exploiting the many sophisticated features of PMRs and it is not uncommon to see relatively expensive PMRs used as labellers and "current prescription" drug interaction alerts. This is regrettable as records can be very helpful, and additional features such as a repeat prescription facility, sensitivity warnings and medical condition monitoring are especially valuable.

Why have a PMR?

We all get prescriptions with information missing, ranging from no strength, or dosage form and even drug name. The first time this happens it may be necessary to contact the surgery. By completing the patient record, future missing data can often be located saving time and irritation. This is particularly useful when presented with prescriptions for ostomy appliances. Codes and sizes can be completed once and, assuming nothing changes, can be used for future prescriptions. Similarly, details of compression



The Telegraph Colour Library

hosiery, form of generic supplied and brand of aminophylline can all be stored. Other ways the PMR can help are shown in table 1.

| Table 1 | |
|------------------------------------|--|
| Ways in which PMRs can help | |
| Drug interactions | |
| OTC drug interactions | |
| Patient sensitivities | |
| Simpler repeat prescribing | |
| Responding to symptoms | |
| Contract-indications | |
| Stock control | |

Points to look out for

■ First you must decide upon your budget. Although it really should not be the overriding factor in the equation, it is likely that it will certainly be used to separate two otherwise similar systems. Make sure you find out the total cost including upkeep. Maintenance contracts are essential, don't be tempted to save a few hundred pounds by rejecting one. Do make sure such agreements cover both software and hardware or at least ensure both are covered adequately.

Before you start, write down what you think are the important features of a computerised PMR, preferably without looking at systems. It is unlikely that you'll be able to match all your requirements, so give a priority to each feature. You should at least be able to match your highest

priorities to system capabilities. If possible, find another pharmacist who has already bought the system you are interested in. Seeing it in operation is the best possible test. Next best is to have a trial in your pharmacy so ask if this is possible.

■ Another important question is, does a help-line exist? There are two types, those which come with the computer explaining various aspects or a telephone hotline. The online help can be very sophisticated but tends to be concerned with the normal running of the system. You need a telephone help desk which will deal with problems as quickly as possible. Does the company have a pharmacist or pharmacologist on the help staff as there may be times when this is important.

■ Find out what happens if your system fails. Even the most sophisticated can have problems and it is very important that you are without your system for the shortest time. What mechanism does the supplier have for correcting problems? If you are thinking of buying software separately from the hardware, ensure that any problems which may have been a result of hardware failure do not negate your software maintenance agreement. Find out if the supplier will give you a replacement system while yours is being repaired.

What training is offered? A money back guarantee following a trial may also be important to you.

Suppliers

This section includes the market leaders and one or two other companies with interesting or unusual features. More comparative data will soon be available from surveys carried out at Aston. No system is yet free from irritations.

A list of companies who provide a PMR system was included in the last article (C&D, June 2, p990). The market leader for PMRs continues to be John Richardson with some 30 per cent of the market. Their established system has developed over the years and has been the first with many new concepts. Consolidation of existing features has led to an even more reliable system with drug interaction monitoring on both OTCs and prescribed medicines a major feature.

The system prints labels with the interacting products, the interaction and the recommended pharmacist action. There is online help and a telephone help line with strong back-up. The user groups, established for Unichem members who use the system, are developing around the country and are useful for highlighting members interests, ideas and everyday problems.

Link continues to develop as a sophisticated PMR system. The drug interaction facility took rather longer to produce than anticipated but the finished product should prove relevant. The link from interaction to drug information explaining the problem gives the pharmacist enough information on which to base a decision. The full Vestric product range of over 20,000 products makes ordering and labelling very straightforward. For those dealing with Vestric as wholesalers, Link is a major force and will continue to retain its 13 per cent or so market share.

Park Systems have produced a sophisticated pharmacy system particularly when the latest software developments are considered. Like John Richardson, Hadley Hutt and others, the Park system was developed by pharmacists for pharmacists. One of the new features allows the addition of a patient's date of birth, age or "assumed age" where this may be important. For example, if the patient is a child an approximate age can be added to the record. For children, the input age comes up on the screen as a blanket statement, each time a product is to be dispensed. However, if an item such as aspirin or metoclopramide is entered, the system warns the pharmacist of the possible problem for children or young adults. As with drug interactions, the pharmacist can now proceed from the "front

Table 2

| |
|-------------------------------------|
| Useful features of PMRs |
| Drug interaction monitoring |
| OTC interaction monitoring |
| Drug information leaflet production |
| Patient drug sensitivity checking |
| Contra-indication alerts |
| Stock control |
| Stock valuation |
| Direct ordering from wholesalers |
| EPoS linkage |
| PINS links |
| Merging patient records |
| Tape streamer back up |
| Multi-user facilities |
| Owing reminders |
| Reports on drug usage |
| Multi-tasking |
| User groups |
| Removable hard disks |
| Techniques for archiving |

Drug information leaflets

As provided by the Hadley Hutt PILLS system, these are interesting and effective in patient care. Product liability particularly following the introduction of original pack dispensing, may dictate the content of any leaflet but at present they are generally well received by pharmacists, patients and GPs. Other manufacturers have talked about information leaflets but developments have been disappointing. The Hadley Hutt system itself is sophisticated, effective and efficient. It is founded on solid pharmacy lines and is certainly worth considering.

Responding to symptoms

Counselling is an essential element of pharmacy practice. Now we can use our created records to help decide and eliminate particular courses of treatment. Two methods currently lend themselves to counselling. First using the detailed patient record either on a split screen or within the system.

The record should contain notes on particular points such as previous preferences, problems with swallowing tablets, etc. The condition section should contain gathered information such as whether the patient is diabetic, hypertensive, asthmatic, etc which may, of course, modify your choice of products or bias you towards referral. The PMR can also be used for counter interaction searches. As more products become available as P medicines transfer from POMs, there is a greater possibility of interaction between these and prescribed medicines.

It is important while counselling, that products selected from symptom presentation are checked with prescribed medicines for possible problems. Companies such as Channel Business Systems have developed the counselling element of their PMR to such an extent that lifestyle data can be used to improve the decision for product selection. There are pages of information about various conditions such as headache, which go through the possibilities by giving you questions to ask the patient. Linking, as it does, to the patient record, products can then be selected with a greater amount of information.

Drug interaction and incompatibility monitoring

Some argue that an alert is all that is needed and it is the responsibility of the pharmacist to go further if necessary. I think the least that is required is an alert plus a "severity" code.

More sophisticated systems now fall into a number of categories. There are those which spot the interaction and just display the drugs. Others give immediate details of the interaction with severity and recommendations and there are now those which give the alert plus the ability to access more online information showing details of the interaction etc. Park and Link, for example, take the pharmacist from the interaction to further information as required. Ensure that any system is regularly updated and that the sources chosen are reliable.

Another point to consider is the time over which the interactions are checked. With the John Richardson system, the pharmacist chooses or uses a default using time as the parameter. Park checks over 36 items, Mawdsley Brook checks on prescribed drugs only over five prescriptions. So decide what is important to you and check!

Very few systems can alert to incompatibilities or contraindications. John Richardson has for some time linked patients to eight pre-set conditions such as glaucoma, diabetes and hypertension, highlighting any item which could exacerbate the condition. This works reasonably well although diabetics can be given syrup-containing preparations. This latter point is currently under development.

Park Systems new software links the condition in the record with the products in the database. This prevents syrups and suspensions being dispensed to patients with diabetes although not every contra-indication is included. Penicillin sensitivity is monitored with the Park System for the full family of penicillins which is a major advance.

Conclusion

Our expectations from computers and PMRs have been raised over the past few years, but there are still some things that aren't quite right. Systems do help but must continue to check details themselves.

With few exceptions, the companies we have investigated all have features to recommend them. Those with the largest market shares have reached their position by offering a service and reliability coupled with an effective PMR. Smaller, newer companies such as Hadley Hutt offer a unique feature also coupled with a sophisticated PMR. The next few years will see major consolidation of existing features and positive response by suppliers towards Government legislation in medicine. Pharmacists, patients and, if they accept it, prescribers, will all benefit.

PUBLIC DEMAND

A recent survey found that 94% of patients are keen to have more information about prescribed drugs. John Ball (C&D June 23rd) urged pharmacists to exploit their ability to provide qualified drug information.

Only pharmacists with the PILLS system can meet this demand. Their system automatically issues an A4 information leaflet with each dispensed medicine. It is not surprising that pharmacists who have the PILLS system say it is unrivalled in creating growth — now up to 30% in some instances — in the number of prescriptions dispensed.

That's not the only reason why PILLS is now clearly number 1 in the computer ratings. With our package comes the answer to other pharmacy management problems. It offers:

Patient Records
Interactions Alert
Labels
Leaflets
Stock Controls



You don't have to take our word for it. Take the advice of the N.P.A. which in its recommendation says "Members looking for the state-of-the-art computer labelling systems will not regret sending off for further information about this latest system".

For sample leaflets, further information or a demonstration ring

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Stourport-on-Severn,
Worcestershire DY13 9QB.
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Fax: 0299 827393

A pharmacy revolution

When the Council of the Royal Pharmaceutical Society decided that pharmacists were to produce labels for medicines by type-written means, they could not have envisaged the wide ranging changes that would result from that decision. The tremendous advances in computer software and hardware technology have brought powerful computer systems within everyone's reach, not least that of the pharmacist. The computer has given the average community pharmacist a chance to match the development of the drugs we dispense to the professional services on offer to the patient.

In my pharmacy, the first electronic aid other than a tablet counter came in the shape of a Prosper key pad. From there it evolved into a basic label printer, and we now have a John Richardson Patient Medication Record (PMR) system. This system has vastly changed my professional life. With a capacity to store details of nearly 200,000 prescriptions and individual prescription records for 20,000 patients, it is a machine hungry for information and the daily throughput of prescriptions produces plenty of information for it to chew over.

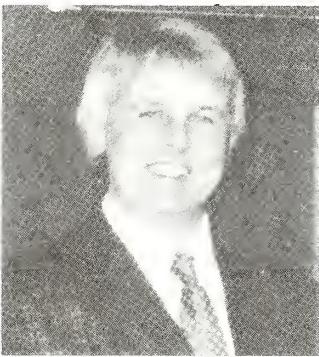
Some in the profession question the keeping of PMRs and at one time I held the view that the keeping of such records was neither desirable nor practical. Experience has taught me otherwise and, I now believe PMRs will safeguard our professional standing at a time when all professions are under scrutiny.

Not only is a prescription an order for a patient's medicine, and latterly an invoice for the Health Service, it is also a piece of information that can be utilised by the PMR computer. In this way my records on file have grown through the simple preparation of labels. This information can be used in several ways to benefit myself, patients and GPs.

When a patient who is not already entered into the records presents a prescription for dispensing, the patient's name, address and other details such as doctor, date of birth, sex and any allergies or sensitivities are added. This has only to be done once and then the details are registered in the computer and can be accessed at any time.

The patient is given a registration card with their name, address and unique registration number on one side and some

Winner of the John Richardson Computer essay writing competition, James Allan, describes how the introduction of computerised patient medication records, has brought great benefits to his pharmacy in Edinburgh



information about the PMR service on the other. When the completed prescription is handed out a verbal explanation of the use of PMRs is also given. The presentation of the PMR card improves the opportunity for personal contact, and shows the technology at work in the pharmacy — a great boost for its professional image.

Some say that patients may be reluctant about records being kept on computer, but I have found that if the benefits of PMRs are pointed out carefully, problems rarely occur. Indeed, I have given out several thousand record cards and only one patient has asked not to be registered on the computer.

PMRs increase business

All these factors help to create patient loyalty and an increase in business, since customers tend to go where the service is best. Since installing the system and issuing record cards I have achieved an increase in prescription numbers between 10 and 15 per cent.

Some people may be worried about the reaction of their local doctors to the pharmacist keeping drug records. However, if time is taken to explain and demonstrate the system, they see its possibilities as augmenting their own records. I actually have a number of inquiries every week from local surgeries to check drug records for their patients.

The patient benefits; the doctor benefits; what about the pharmacist? The information that used to leave my pharmacy every month for the Prescription Pricing Division remains easily accessible to me. How often are you asked about a prescription that is no

longer in your possession?

Even if the query relates to the current month, it takes valuable time and energy to search through the bundle. With computerised PMRs, information can be searched over months or even years and, if needed, can be printed out. Of course it may still be necessary to locate the original in certain circumstances.

When answering any query, the information on screen appears so questions can be quickly and confidently answered. In the same way, drug usage reports for residential homes can be printed out — a useful incentive for owners to use your pharmacy. Looking after the needs of a large home can substantially increase the workload especially when several dozen prescriptions arrive at one time. Again, patient records come in very useful. Previously prepared labels for a patient on a repeat prescription can be copied out at the touch of a button.

The JRC PMR system incorporates a drug interaction search facility which is very useful, not only for bringing to the attention of the dispensary staff and the pharmacist a possible problem with medication, but to local doctors wanting to check whether an unfamiliar drug brings out any problems with the patient's current medication.

Representatives from drug companies find that I can provide them with accurate usage figures for their products and when it comes to bonuses I can always provide accurate purchase figures and obtain full benefits.

By keeping PMR computer systems in every pharmacy in the country, pharmacists could become the most comprehensive source of drug usage information. Systems such as the JRC PMR can extract from the database any number of different statistics about the prescriptions I have dispensed over a specified period. For instance, if there is a drug recall such as with Opren, I can easily obtain a list of patients who had received the drug from my pharmacy. Address labels for these patients could then be produced and used by local GPs suggesting the patients visit the surgery.

Where information is required

by the Department of Health, industry or a scientific research organisation, the pharmacist could provide accurate and comprehensive drug usage figures. At the moment companies such as IMS need this type of information. Pharmacists should capitalise on this and sell their figures to them or similar bodies.

'Services under threat'

All the health care professions are under scrutiny and it is vital to maintain a progressive and responsible approach to the professional service we offer. If we do not, we may suffer the same fate as the opticians, and our services could be taken over by other bodies.

We could actually win back some of the OTC medicine business that we have lost to supermarkets and grocers by making use of our computers to carry out interaction searches when an OTC medicine is bought. In this way the patient's prescription medicines would be checked against the OTC medicine for safety.

Once this service has proved itself, as I am sure it will, perhaps the public and the authorities will realise that the proper place for the sale and supply of any medicine is the pharmacy.

The profession has to look forward, invest in technology and make everyone aware of the revolution that is taking place. Pharmacists who buy a PMR system must realise that not only are they improving the service, but they are also improving the image of the whole profession.

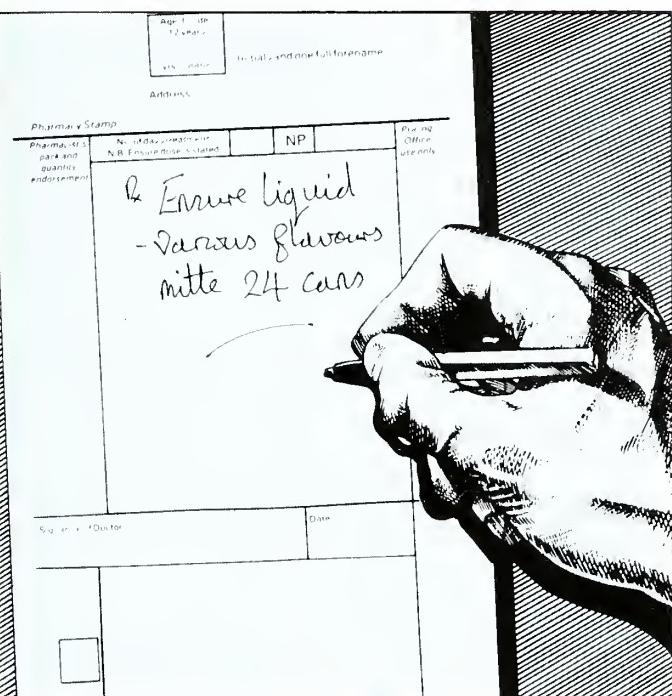
This investment in technology must be advertised so that the patient knows that the safety of the medicine is being monitored by a professional person using the latest computer systems.

Politicians and health service authorities must also be aware that our profession is not sitting back hiding behind our professional status but expanding and improving the service we give. In this way they may respect us and remunerate us accordingly.

Since installing my PMR, my work as a community pharmacist has changed a great deal and I expect this to continue as PMR systems evolve through experience gained from users such as myself. I am excited and optimistic about the future of pharmacy, but like all good things, it will take brave vision and hard work by all members of the profession.

Q&A

Ensuring the endorsements are correctly made on this prescription is not as straightforward as it looks, as the Pharmaceutical Services Negotiating Committee explains...



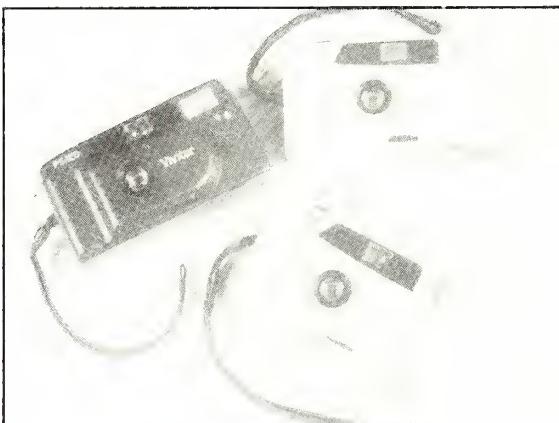
ANSWERS

1. The patient requires four different flavours of the preparation in six cans of each flavour. The patient is not exempt, therefore how many prescription charges should be levied?
2. Is the pharmacist entitled to a professional fee for each flavour that is supplied?
3. The pharmacist can only obtain the preparation direct from the manufacturer and therefore does not receive any discount. Can zero discount be claimed and paid for this prescription?

QUESTIONS

1. The patient requires four different flavours of the preparation in six cans of each flavour. The patient is not exempt, therefore how many prescription charges should be levied?
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3. The pharmacist can only obtain the preparation direct from the manufacturer and therefore does not receive any discount. Can zero discount be claimed and paid for this prescription?

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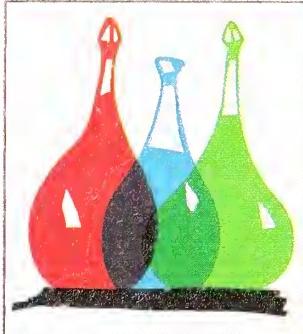
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Mavala unveil for Autumn

Mavala will be introducing their new shades for Autumn in the Mavalip and Mini colour collection, together with two new colours for the Formula 2000 range.

A new range of accessories will be on stand H19, including a new natural manicure kit, the repackaged buffer kit and nail polish corrector.

The Mavala Formula 2000 racing car will be making an appearance at this year's Chemex. Mavala have sponsored the car's driver, Jeff Gresswell, for two successful seasons. Jeff, a full-time pharmacist at Foster and Plumpton, Scunthorpe, will be on hand to show visitors around the car and talk about his numerous wins.

Taste the difference...

All new Brita accounts opened at Chemex (minimum order two cases) will be entitled to one month's free use of the Brita tea machine demonstration unit which is said to clearly demonstrate the difference that filtered water makes to a cup of tea.

A Chemex exclusive offer is open to existing customers placing orders. An order for Brita Aquaclaire (minimum one case) will receive one Aquaclaire free of charge.

Brita's first major above-the-line advertising campaign was launched this Summer on the London Underground. A full range of POS material will be available at Chemex, allowing stockists to re-create the campaign. Stand F8.

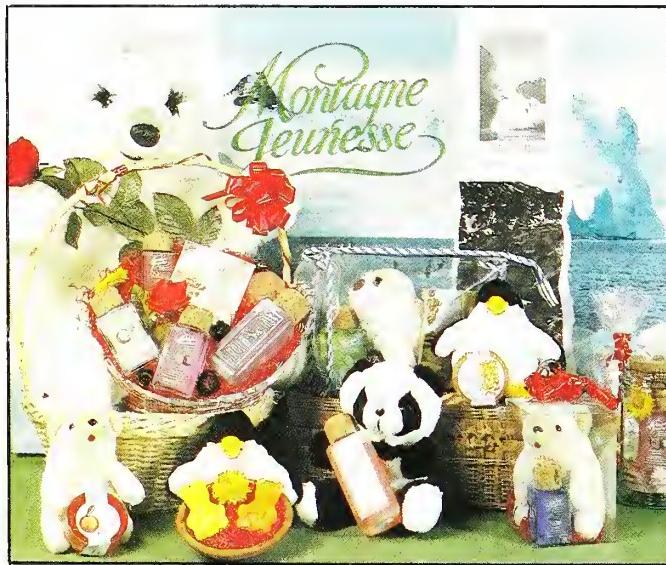
Antarctica benefits from Montagne Jeunesse

New Antarctica Appeal Christmas gift sets will be on show on the Montagne Jeunesse stand. There are ten gift sets, priced between £1.99-£9.99. A deluxe set (£24.99) contains a large polar bear, raspberry bath beads, coconut oil and rose hand lotion, peach glycerine soap, rose foam bath, passion fruit bath oil and new ylang ylang shower gel, packed in two large wicker baskets.

All funds from these gift sets will go to the seven charities of the Antarctica Appeal: The Peter Scott

Memorial Appeal for Conservation, UK Wildlife Link, Long Term Research Institute, Whale and Dolphin Conservation Society, International Fund for Animal Welfare, Cousteau Society and the Antarctica and Southern Ocean Coalition.

Montagne Jeunesse is claimed to be the leading "green" bodycare brand in the UK. All products are approved by the BUAV and Vegetarian Society, and most are suitable for vegans. Stand L33.



Savegreen

Savegreen are sole UK distributors for three European range of beauty accessories and are taking three stands this year.

Highlights of the Italian Giorgio Janeke designer range will be the new hair accessory collections for Winter and the Chanel-style toiletry bags and mirrors in co-ordinating designs and colours (Stand H23).

Buco is a German designer hair accessory range. On show on Stand G24 will be a new Winter collection of Byzantine silk and velvet hair accessories, expected to be popular for the Christmas party season. More traditional

accessories are also available.

On the Carl Everts Stand H27, Savegreen will be running a 5 per cent discount on manicure collection boxes. Each box contains two sets of precision instruments, including 12 different types of scissors, six tweezers, four types of nail file, six toe and nail pliers and six corn handles with blades.

CHEMEX ORGANISERS MGB EXHIBITIONS will be giving away £1,500 worth of free prizes to visitors. Every hour, on both days of the exhibition, there will be a free prize draw to win an Encyclopaedia Britannica atlas, worth around £70.

On offer from C&D

Once again Chemex sponsors *Chemist & Druggist* will make office facilities available at the exhibition on September 23-24.

For a small fee, exhibitors will be able to take advantage of the photocopying and fax services on our stand. These services were in constant demand last year.

Readers and advertisers will be welcome to discuss our many publishing activities, possibly over a cup of coffee. For the second year, *C&D* editorial staff will be producing a daily newspaper on the Sunday and Monday, so bring your news to stand G3 on the Saturday and Sunday and see it in print a few hours later.

Copies of *C&D*, *Over the Counter* and reprints of the *C&D* training seminar papers will be available, together with the Chemex catalogue and *C&D's* special exhibition preview.

Meanwhile, exhibitors who have not yet sent information on new products they will be launching at Chemex, plus the special offers and promotions they will run at the exhibition, are invited to do so for possible mention in our Chemex preview of September 1. The copy deadline is now August 10.

Zenner aim at UK market

Zenner, who claim to have one of Europe's most successful hair accessory brands, are now turning their attention to the UK market and are choosing Chemex as a means to gain a widespread exposure to buyers UK.

They offer some 500 "fashionable and functional hair accessories for women and children, at competitive prices." A special incentive to first time buyers at Chemex will be a saving of £100 on the initial price of the hair accessory merchandiser, normally £500.

Zenner will also be using Chemex to launch over 50 new products, including a selection of French clips, "scrunchies" and headbands. Stand R2.

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BUSINESS NEWS

Ciba-Geigy buy Sherley's

Nicholas Laboratories have sold the Sherley range of pet products to Ciba-Geigy Agrochemicals following negotiations lasting several months. The Sherley's range is already being marketed by Ciba-Geigy, though Nicholas are continuing to manufacture for Ciba for the time being. Longer term plans include sourcing the products from another plant, though it is not yet known if this will be at an existing Ciba site or a new production facility.

Ciba-Geigy's director for animal health, Robert James emphasised that there will be no problems with continuity of supply, and said that customers should experience no difficulties.

"Sherley is a logical bolt-on for us," said Mr James. "We have had a whole range of POM products selling to veterinary outlets and also PML and GSL products sold through agricultural merchants. However these provide a limited market; the Sherley range is a good business to gain access to the OTC market for animal products, and ties in with our veterinary research facilities."

He said: "Apart from the odd penny here and there prices have not been altered and it is not our intention to make any further changes until January 1991."

Reg Norman, managing director of Ciba-Geigy Agrochemicals, said: "This is a further significant step in our provision of products for the care and welfare of companion animals. With our extensive research and development programmes we expect that some of our new products will be able to be added to this range." The Sherley range will continue to be available through the usual pet product supply channels.

French veterinary pharmaceutical company Vetoquinol have acquired Univet. A spokesman for the company says Univet will continue to develop their own market and meet the needs of veterinary practice.

Glaxo invest \$20m in genetic targeting

Glaxo have invested around \$20 million in a research agreement with California-based Gilead Sciences, directed towards the use of genetic targeting to produce new medicines for cancer. The agreement, which gives Glaxo a minority shareholding in Gilead, is for an initial five year period.

Announcing the agreement, Dr Richard Sykes, Glaxo's research and development director, described the area of genetic targeting as one of immense potential. "It will be several years before we know whether genetic targeting will lead to safe and effective medicines," he said. "However, it is essential for Glaxo, as a research based company, to be part of this enabling technology's evolution."

Dr Michael Riordan, co-founder and president of Gilead Sciences, said his company was "honoured" to be working with Glaxo. "This powerful partnership will define a new leading edge for medical science," he added.

As a result of the agreement, the first of its kind by either

company, Glaxo will have exclusive, worldwide rights to any drug arising directly from the research, while Gilead will receive a return on sales.

Genetic targeting involves the selective inhibition of a disease-causing gene by way of its sequence of bases. In particular, oligonucleotides, strands of at least 12 nucleotide bases, can be produced which bind specifically to identified portions of either single or double stranded DNA. As specific genes have now been implicated in viral diseases and certain forms of cancer and their base sequences determined, it should be possible to use oligonucleotides to render the so called "oncogenes" inactive.

Gilead have recently made advances which ensure prolonged binding of the oligonucleotide to the DNA, enhanced penetration of the cell's nucleus and improved stability when injected into the body. Dr Michael Riordan believes: "This vote of confidence by Glaxo will accelerate the development of pharmaceuticals that attack cancer at its source — the genetic code."



Secretary of State for Health Kenneth Clarke officially opened Unichem's 70,000 sq ft distribution centre at Letchworth last week, which replaces the company's Willesden operation. Pictured with Mr Clarke are Lord Rippon, Unichem's chairman (left) and chief executive Peter Dodd (right).

OFT tackles malpractices

The Office of Fair Trading has recommended new-style laws to tackle trading malpractices. The proposed new procedures would allow the OFT to serve a formal caution on traders who exploit consumers which could be backed up by action in the civil courts.

Director general Sir Gordon Borrie said: "My proposals concentrate directly on tackling unlawful, deceptive or objectionable trading practices which have to be controlled effectively by existing legislation." The cautions would be issued for conduct which breaks the existing law, such as denying customers their rights or repeatedly ignoring trading law requirements. The proposals are intended to be a legal safety net.

Group orders by Fairscan

Branches of pharmacy groups can now dial-in and transmit an order to their own central stockroom with a new system available from Fairscan. Orders received may be listed and picked, after which a transfer advice note to go with the goods is printed.

All transfers are automatically priced and valued for month end accounting and a range of stock information is available for management purposes. Retail prices may be maintained centrally, ensuring branches sell each product at required prices. There is an option for price tickets to be sent with the stock.

The system uses the PIP code, and the central stock room computer is supplied with the complete PIP file, equivalent to an electronic version of the C&D Price List. Update diskettes are sent weekly.

The complete system is available on a rental plan which provides no deposit lease terms over two to five years. Full details from Fairscan on 0703 283222.

Robinson take plasters to Chesterfield

As the first step of a rationalisation programme, Robinson Healthcare are to close their adhesive plaster manufacturing operation at Monton, North Manchester, and move production to their Chesterfield site. Some 75 employees will be affected. The company has also announced the appointment of management consultants March Consultants to look at all manufacturing.

Robinson have owned the Monton facility for 30 years and the company, which is still in private hands, is keen to be seen to be acting responsibly towards its workforce. With the move not due to take place until November employees have four months to decide whether to move to Chesterfield, accept Robinson's help in finding another job, or make their own arrangements.

The move has a number of advantages for Robinson; as it makes dressings and wound management products on the Chesterfield site, it already has a clean room and other production space for the operation, and expects the relocation to lead to improved delivery and customer service. There is also expected to be a saving in costs.

"Central warehousing and distribution took place at Chesterfield anyway," explained marketing manager Neville Fishwick, while recently appointed managing director Andrew Lauder commented: "Having spoken with many of our customers it is apparent that the standard of our delivery service needs to be improved. By moving our plaster making unit to Chesterfield we will be able to

maintain better control."

"In the last couple of years the Monton site has not really covered its costs in the way we would have liked," said Mr Fishwick. "So at the start of the year we took the decision to rationalise geographically."

"The buildings at Monton are over 100 years old, and we don't expect them to be sold, but we have had offers over the years for the land." However, Mr Fishwick emphasised that the non-wovens and feminine hygiene side of the business is to remain at the Walthamstow, London factory.

In order to restructure itself for 1992 and the free European market Robinson have appointed March to help them develop a sound operational base.

"March have been selected for their objectivity," said Mr Fishwick. "There comes a moment in a company's development when, because of the complexity of the site it can benefit from this kind of objectivity; we are expecting their report by late Autumn."

NPA prefers UBR to Labour Party proposals

The Labour Party National Executive has agreed proposals to reform business rates if Labour win the next general election. However, NPA director Tim Astill has described the proposals as "a step backwards".

Labour plans to restore to local authorities the right to set their own business rate, to reflect local conditions. This is in line with its review document "Looking to the future."

The advantages of the change, apart from replacing the controversial Uniform Business Rate, would be to reinstate the link between the services businesses receive and the contribution they make towards them.

Labour intends to put its proposals into practice by the end of the first financial year after taking office. "We plan to make sure the change is phased, and will consult with the business community" said a Labour Party spokesman.

However, Mr Astill said the NPA was "generally in favour of UBR as a principle. This is because we recognise that some local authorities have acted politically rather than sensibly in the past; UBR, once instituted, will prevent political interference from either side," he said.

"The problem with UBR is not the principle but the effect of revaluation after such a long period (17 years). Because

rateable values were left low, rents were increased and this in turn pushed up the value of property, which is now reflected in the UBR," he added.

"Now high property values in the southern part of the country mean businesses here are paying a high UBR; however, with UBR businesses in the rest of the country should have a compensating reduction."

Du Pont and Merck join

Du Pont and Merck have announced a joint venture; Du Pont Merck Pharmaceuticals, which will be run on a 50-50 basis, will combine Du Pont's pharmaceutical and imaging agents businesses and the marketing rights to several Merck drugs, including Sinemet and Moduretic.

The rationale for the move is said to be the combination of Merck's marketing strengths and Du Pont's R&D commitment. Initially, plans for the new company will concentrate on building European businesses and expanding the European salesforce. A *Financial Times* report suggests that the new company is expected to have sales of around \$700m in its first year.

ICI 'Czech-out' Tenormin

Following their disappointing interim results ICI have announced a deal to produce Tenormin in Czechoslovakia. An agreement was signed between the general director of the Czech chemicals and pharmaceuticals manufacturers Lachema Jaroslav Kolar and John Mitchell, chairman of ICI Eastern Europe last week.

Under the terms of the agreement ICI will provide formulation technology and atenolol, for the production of an initial four million tablets. Output could rise to between 15 and 20 million tablets in the third year. The move follows an earlier agreement between ICI Pharmaceuticals and Alkaloida in Hungary.

Laleham Healthcare are engaged in a £200,000 capital investment programme to update their production process. The own-label and DoH contract manufacturer are re-equipping with high speed tablet counters, multifunction labelling systems, ink jet printers, induction sealers, hot fill units, a de-ionised waterplant and a mill pump. The company is also investing in upgrading its production control computer.

COMING EVENTS

YPG Regional Conference

The Young Pharmacists Group are holding their regional conference at the Royal Infirmary, Edinburgh on August 12.

The meeting, which starts at 10.45am, will include sessions on drug information, pharmaceutical publications and communication between hospital and community pharmacists.

Members and non-members are welcome. A buffet lunch will be provided free of charge. For details contact Paul Dillon on 031-447 6419.

MCA annual symposium

The Medicines Control Agency is holding its first annual symposium on November 2 at the Queen Elizabeth II Centre in London.

The keynote address will be given by the Secretary of State for Health, Kenneth Clarke. Other

speakers will include Dr Keith Jones, director of the MCA, and Professor Poggiolini, chairman of the EC Committee on Proprietary Medicinal Products.

Full details of the symposium will be advised in the Medicines Act Information Letter (MAIL) at a later date.

Advance information

ION Promotions. "How to protect yourself from pollution" one day seminar at the Institute for Optimum Nutrition, 5 Jermyn Place, London SW6 1BE, September 8. Fees £25, ION members and students £20. Details from Sue Farrington on 071-385 7984.

Centre for Medicines Research. "Key issues in assessing quality of life" international symposium, London, September 17-18. Information from Sandra Cox on 081-643 4411 ext 295.

The Society for Drug Research. "Molecular pharmacology of drug receptors", one day symposium at the School of Pharmacy, Brunswick Square, London, September 27. registration £25 for non-members. Details from Barbara Cavilla on 071-581 8333.

Irish Pharmaceutical Conference, 1990 at the Court Hotel, Killiney, Co Dublin, October 6-9. Details from Ethna Fitzgerald, Clifton House, Lower Fitzwilliam Street, Dublin 2. Tel: Dublin 615822/613788.

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ABOUT PEOPLE

Noyce for Manchester's Boots Chair

Dr Peter Noyce, currently deputy chief pharmaceutical officer at the Department of Health, has been appointed to the newly established Boots Chair in Pharmacy Practice at Manchester University.

A graduate of the University of Wales, where he also studied for his PhD, Dr Noyce joined the Department of Health in 1986 from a district pharmaceutical officer's post at Hampstead and Islington Health Authorities. He had also served as a member of the Committee of Inquiry on Pharmacy established under The Nuffield Foundation.

Dr Noyce is currently a member of the Postgraduate Education Committee of the Royal Pharmaceutical Society.

The Boots Chair of Pharmacy Practice at Manchester will be supported by two new posts, a senior lecturer and a lecturer to be



established with funding respectively from the North Western Regional Health Authority and the university.

Specific research developments are envisaged to include access and delivery of pharmaceutical services, including the characterisation of pharmacy practice in Europe and the study of remuneration systems involved; and the impact of comparative prices, professional influence and legal controls on the use of medicine.

Dr Noyce will be taking up his appointment later in the year.

Pharmacist honoured with Bardot

Dr Mary Dawson, of the Department of Pharmacy, University of Strathclyde, Glasgow has been nominated a winner of the Marchig Animal Welfare Trust Prize. The other recipient of the international award was the actress Brigitte Bardot.

The prize, which is made in recognition of work in any field of animal welfare, is for Dr Dawson's research into the use of cell cultures in toxicity testing. She will receive the 20,000 Swiss francs at an award ceremony in Paris later this year.

The Marchig award is made

intermittantly by a group of trustees, who investigate all areas of animal welfare. Dr Dawson says she was rather surprised to see that Brigitte Bardot had also been honoured for her work with donkeys.

"I don't know much about her work," Dr Dawson said, "but it does demonstrate that the award's trustees cast a wide net when considering the winners."

MBA & MPS

Pharmacist Neil Slater, recently appointed central regional manager with National Co-operative Chemists, has added an MBA to his list of qualifications.

He received the postgraduate masters degree from the Warwick Business School, after having held several managerial positions in community pharmacy.

Senior management changes at Macarthy

In a move designed to strengthen the group's executive committee, Macarthy have appointed two new directors.

Jim Shield, formerly marketing director of the retail division, becomes director of marketing involved in supporting the group's strategic planning process.

Keith Preedy, property director of the retail division, becomes director of property. His first task will be the formation of Macarthy Group Properties Ltd as landlord for the company's operating tenants.

The company has also strengthened its management team within the retail division. Janet Wilson becomes operations director of Savory & Moore, with responsibility for the chain's 182 pharmacies. David Haydon becomes Savory & Moore's unit development manager, with responsibility for refurbishment.

Linda Campbell becomes

personnel controller of the retail division, and Robin Jenner director of planning and administration.



Nicholas Martin (centre) of Peterborough Co-op Chemist in Kings Lynn won £500 of travel vouchers in the Tineafax display prize draw. Mr Martin received his prize from Wellcome's David Head, regional sales manager and Sue Weekes, sales representative.

APPOINTMENTS

The Boots Co have appointed Sir Christopher Benson as chairman, following the retirement of Robert Gunn. Sir Christopher was made chairman designate last January, and has been on the board since 1989.

Jan Leschly, chairman of Smithkline Beecham's worldwide pharmaceutical business, has been appointed to the board with immediate effect. Mr Leschly, 49, joined the company in his present position in June; prior to that he was president and chief operating officer of Squibb Corporation.

Claude Ury has been appointed chairman and president of Revlon's UK, Europe and Middle East operation. He will report to Duane Miller, president of the company's health, beauty care and international division, assuming responsibilities on September 1.

Greater Glasgow Health Board Howard McNulty has been appointed chief administrative pharmaceutical officer to the long standing vacancy.

BNF Storefitters have appointed Geoff Hilton as managing director, taking over from Brian Gould. Mr Gould continues as executive chairman of BFN.

Jim Foulds has joined the Chemical Industries Association as director of employment affairs; he succeeds Kenneth Hack, who is retiring at the end of the year.

Waverley Pharmaceutical have appointed Graham Wall as financial and business development director. Mr Wall, previously with

appointed following a decision to launch Waverley Cosmetics. This new division will offer Blow-Fill-Seal packaging to the cosmetics industry.

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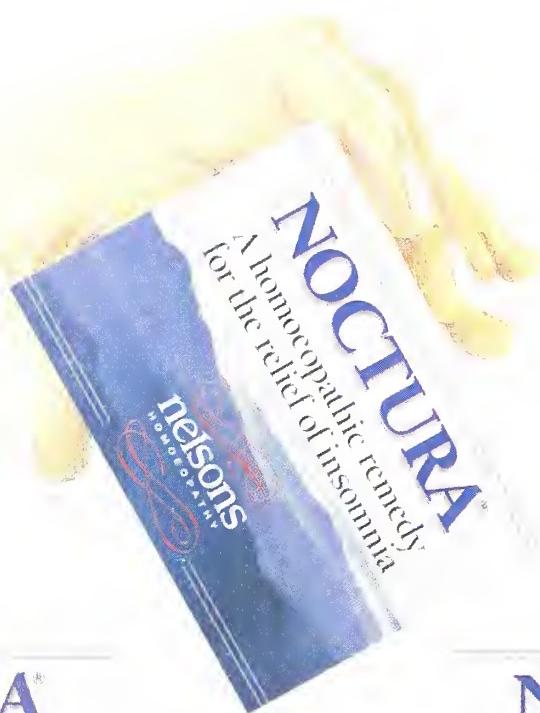
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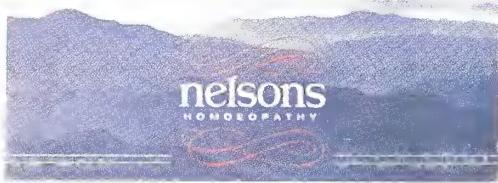


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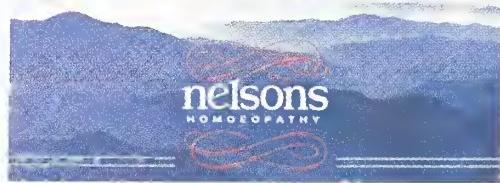
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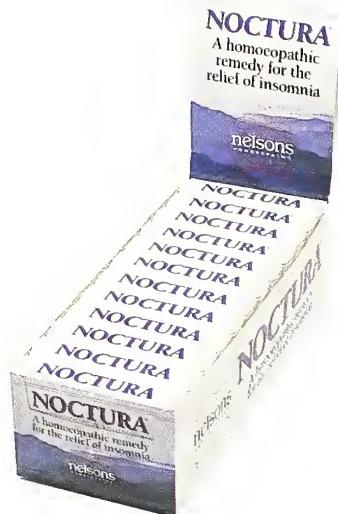
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